

Original Research Article

A Stability Indicating RP-HPLC Method Validation for Simultaneous estimation of Metformin HCl and Canagliflozin in pharmaceutical dosage form.

ABSTRACT

Aims: Canagliflozin and Metformin HCl is a new drug combination for the treatment Diabetes Mellitus which is one of the oldest and lethal diseases of mankind. Aim of the research work was to develop and validate novel, rapid, sensitive, specific, robust stability indicating analytical method for simultaneous estimation of Canagliflozin and Metformin in pharmaceutical dosage form as fixed dose formulation.

Study Design: Method development and validation was performed as recommended in ICH guideline "Validation of analytical procedures: Test and Methodology Q2(R1)".

Methodology: Method develop with chromatographic parameters as C₁₈ column (250mm×4.6 mm, 5mm particle size), HPLC system with PDA detector and mobile phase contained a mixture of Phosphate Buffer pH 5.0 and Acetonitrile (60:40 v/v). The flow rate was set to 1ml/min with responses measured at 290 nm, injection volume was 20 µl, and run time of 15 mins.

Results: The retention time of Metformin Hydrochloride and Canagliflozin was 5.4 min and 7.6 min respectively with resolution of 7.0. Linearity was established in the range of 10-30 µg/ml for Metformin Hydrochloride and 0.5-1.5 µg/ml for Canagliflozin with correlation coefficients more than 0.999. The percentage recoveries were between (98.62-101.22%) and (98.68-101.27%) for Metformin Hydrochloride and Canagliflozin respectively. Validation parameters were evaluated according to the International Conference on Harmonization (ICH) Q2 R1 guidelines. The forced degradation studies were performed by using HCl, NaOH, H₂O₂, thermal and UV radiation. The developed method was successfully applied for the quantification and hyphenated instrumental analysis.

Conclusion: Based on the results it is concluded that method is suitable for its intended use.

Keywords: Metformin, Canagliflozin, RP-HPLC, Stability, Assay

1. INTRODUCTION¹⁻¹¹:

Diabetes Mellitus (DM) is an endocrinological disorder resulting from an irregularity in insulin secretion and insulin action or both. Absence or reduced insulin in turn leads to persistent abnormally high blood sugar and glucose intolerance. It is probably an oldest disease known to human. It is also referred as black-death from the 14th century. Diabetes mellitus mainly classified into two categories, Insulin dependent diabetes mellitus when the pancreas does not produce enough insulin to properly control blood sugar levels, in this condition the patient completely depends parental formulation of insulin another one Non-insulin dependent diabetes mellitus, the cells of the body become resistant to insulin which are treated with oral antidiabetic

agents such as Sulfonylureas, Biguanides, Thiazolidinediones derivatives, carbohydrate analogue and DPP- 4 inhibitors. The development of diabetes projected to reach pandemic proportion over the next 10-20 years. Fixed dose combination therapy (FDC) is called as a combination of two or more actives in a fixed ratio of doses. The International Diabetic Federation (IDA) and American Diabetic Federation (FDA) tend to suggest if the monotherapy fails along with lifestyle modification the patient should followed by combination therapy. Combination therapy based on the rationale of a multi targeted approach and it helps to achieve and maintain the desired therapeutic targets. The advantages of Fixed Dose Combination are easy of administration, convenience, synergistic effect, complementary mechanism of action, with low dose less side effects, economical, reduce the pill burden and thereby, improve adherence to treatment, improve tight glycemic control, decrease the incidence/severity of Adverse Drug Reactions, delay the need for insulin therapy. Sodium-glucose cotransporter 2 (SGLT2) inhibitors, such as Canagliflozin and Biguanides, such as Metformin, exert antidiabetic effects via different mechanisms of action. SGLT2 inhibitors inhibit renal glucose reabsorption, resulting in increased urinary excretion of glucose and thereby reducing plasma glucose levels in an insulin independent manner. Biguanides does not have clear mechanism of action but it decreases glucose production and increases body's response to insulin. Because of the complementary mechanisms of action of SGLT2 and Biguanides, dual therapy improves glycemic control in patients with Type II Diabetes Mellitus without increasing the risk of hypoglycemia or weight gain.

FDC combination of Canagliflozin and Metformin is available with brand name of INVOKAMET 50 mg /1000 mg respectively.

Structure of Canagliflozin and Metformin are presented as Figure-1 and Figure-2 respectively:¹²⁻¹³

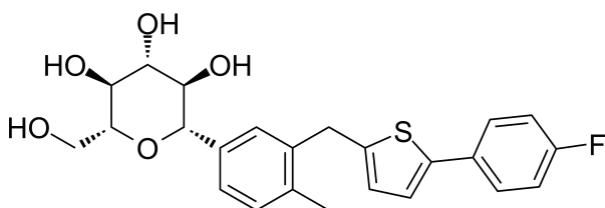


Figure-1: Chemical Structure of Canagliflozin

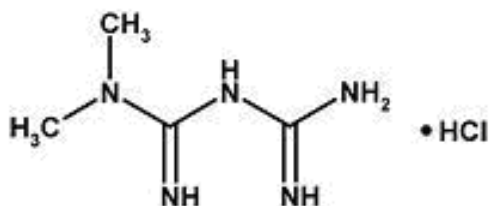


Figure-2: Chemical Structure of Metformin HCl

After reviewing the literature it can be said that very limited techniques are available for simultaneous estimation of Canagliflozin and Metformin in FDC¹⁴⁻²⁴. Developing Stability indicating RP-HPLC method for simultaneous estimation of Canagliflozin and Metformin HCl in FDC is both requirement and challenge. In present work, an attempt was made to develop specific, stability indicating, linear, precise, accurate and robust analytical method for simultaneous estimation of both drugs in FDC.

2. MATERIAL AND METHODS / EXPERIMENTAL DETAILS / METHODOLOGY:

2.1 Chemical:

The laboratory (working) standard of Canagliflozin and Metformin HCl were received as gift sample from M/s Zydus Cadila. FDC product of Canagliflozin and Metformin HCl was procured from market. Solvents like Water, methanol and Acetonitrile were HPLC grade and reagent such as Potassium dihydrogen phosphate and potassium hydroxide were of analytical grade

2.2 Analytical Method Development:

2.2.1 Chromatographic Conditions and Instrument:

Instrument	: HPLC equipped with Photodiode-Array detector
Stationery Phase / Column	: C ₁₈ Column, 250 mm X 4.6 mm, 5 μ
Mobile Phase	: Phosphate Buffer pH 5: Acetonitrile (60:40)
Diluent	: Methanol
Flow Rate	: 1 ml / min
Injection Volume	: 20 μl
Detection Wavelength	: 290 nm
Column Temperature	: Ambient
Run Time	: 15 mins
Other Instruments	: Analytical balance, sonicator

2.2.2 Preparation of Solutions:

2.2.2.1 *Preparation of Phosphate Buffer pH 5:*

Dissolve 6.8 g of potassium dihydrogen phosphate in 1000 ml of water and adjust pH to 5.0 with 10M potassium hydroxide.

2.2.2.2 *Preparation of Mobile Phase:*

Prepare a required volume of degassed mixture of Phosphate Buffer pH 5 and Acetonitrile in the ratio of 60:40 v/v.

2.2.2.3 *Preparation of Stock and Standard Preparation:*

2.2.2.4 *Standard Stock Solution for Metformin:*

Weigh 50 mg of Metformin in 100 ml clean dry volumetric flask. To this add 100 mL of diluent and sonicate to dissolve. Dilute to volume with diluent and mix well.

2.2.2.5 *Standard Stock Solution for Canagliflozin:*

Weigh 10 mg of Canagliflozin in 100 ml clean dry volumetric flask. To this add 100 mL of diluent and sonicate to dissolve. Dilute to volume with diluent and mix well.

2.2.2.6 *Standard Solution:*

Transfer 4 mL of Standard Stock solution for Metformin and 1 mL of Standard Stock Solution Canagliflozin in 100 ml clean and dry volumetric flask, dilute to volume with diluent and mix well. Filter the solution with 0.45 μ PVDF / Nylon filter presaturated with diluent followed by discarding about 5 ml of initial solution. Final Concentration: Metformin (20 ppm) & Canagliflozin (1 ppm).

2.2.2.7 *Preparation of Sample Solution:*

Weigh about 20 intact tablets of Metformin and Canagliflozin 1000/50 mg Tablet FDC. Crush and transfer powder equivalent to 1000 mg Metformin and 50 mg Canagliflozin in to clean and dry 500 ml volumetric flask. Add about 200 ml of diluent and sonicate at room temperature for about 15 mins with intermittent shaking at 5 min time interval. Further add about 100 ml diluent and sonicate at room temperature for 15 mins with intermittent shaking at about 5 min intervals. Dilute

to volume with diluent and mix well. Equilibrate the solution to room temperature. Further dilute 1 ml of solution to 100 ml with diluent and mix well. Filter the solution through 0.45 µ PVDF / Nylon filter presaturated with diluent followed by discarding about 5 ml of initial solution. Final Concentration: Metformin (20 ppm) & Canagliflozin (1 ppm).

2.3 Analytical Method Validation:

The analytical method validation for was performed as per ICH guideline on "Validation of analytical procedures: Text and Methodology Q2 (R1)"²⁵. Parameters such as System Suitability specificity, forced degradation, linearity, precision, and accuracy, stability of solution and filter study were validated.

2.3.1 Criteria for System Suitability:

%RSD of area for replicate injections of standards, tailing factors, theoretical plates, retention time and resolution criteria were chosen as parameter for system suitability. Six replicate injection of standard were evaluated and chromatograms were recorded as part of system suitability study.

2.3.2 Specificity:

Specificity was established by injecting blank, individual standard solution, combine standard solution and sample solution. Retention time and peak purity data were evaluated for individual analyte peak to confirm any interference.

2.3.3 Forced Degradation Study:

To observe the effect of forced degradation and establish stability indicating nature of method sample preparation were kept under acid hydrolysis, base hydrolysis, oxidation, Photolytic exposure and Thermal exposure. After completing degradation study sample preparation was injected and studied for peak purity of individual peak of analyte in sample preparation.

Acid Hydrolysis: Sample was treated with 2mL 0.1N HCl at 85°C for 120 mins neutralize with 2mL 0.1N NaOH.

Base Hydrolysis: Sample was treated with 2mL 0.1N NaOH at 85°C for 120 mins neutralize with 2mL 0.1N HCl.

Oxidation: Sample was treated with 2 mL 30% H₂O₂(Hydrogen peroxide) at 85°C for 120 mins.

Thermal Degradation: Sample was treated at 105°C for 5 Days

Photo Degradation: Sample was treated for 1 day in UV chamber.

2.3.4 Precision:

The precision was established based on three types of studies. i.e System Precision, Method Precision and Intermediate precision.

2.3.5 System Precision:

After establishing system suitability system precision was established by injecting six replicate injection of standard solution. The relative standards deviation for peak area should not be more than 2.0% for six replicate injections.

2.3.6 Method Precision:

After establishing system suitability Method precision was established by preparing and injecting 6 sample preparations at 100% concentration level. The % RSD of 6 sample preparation at 100% concentration level should not be more than 2.0%.

2.3.7. Intermediate Precision:

After establishing system suitability Intermediate precision was established by preparing and injecting 6 sample preparations at 100% concentration level. (from same lot as that of method precision). The % RSD of 6 sample preparation at 100% concentration level should not be more than 2.0%. The % RSD of result of method precision and intermediate precision (Total 12 sample preparation at 100% concentration level) should not be more than 2.0.

2.3.8 Linearity:

Linearity is established on a minimum of 5 concentrations level across the range of 50-150% of standard solution concentration in duplicate. The standard solution at 5 different concentration levels in concentration range of 10-30 µg/ml for Metformin and 0.5-1.5 µg/ml for Canagliflozin were prepared and injected in duplicate for each concentration level. The Linearity correlation coefficient obtains from the graph should not be less than 0.995.

2.3.9 Accuracy:

The accuracy was established using a minimum of 9 determinations over a minimum of 3 concentration levels covering the specified range from 50-150% (e.g., 3 concentrations/3 replicates). % recovery at all recovery level should be within the range of 98.0-102.0%. The %RSD at all recovery level should not be more than 2.0%.

2.3.10 Stability of Solution:

Stability of standard solution and sample solution were established by injecting same standard and sample solution at specific time intervals and comparing the peak area of the individual analyte over the time intervals.

2.3.11 Robustness:

Robustness of the method was established by varying flow-rate, Buffer pH of mobile phase and Composition of mobile phase. System suitability was studied at each varied condition. System suitability criteria should be complied at each varied condition to prove robustness of method.

3. RESULTS AND DISCUSSION

3.1.1 Method Development:

UV spectra of Metformin HCl and Canagliflozin show good absorption at common wavelength of 290 nm. Therefore 290 nm was selected as detection wavelength for both drugs. The retention time of Metformin and Canagliflozin were found 5.4 and 7.6 minutes respectively at flow rate of 1.0 ml/minutes in isocratic mode. The well resolved peak with resolution factor was found to be around 7.2. (Figure-3 to 8)

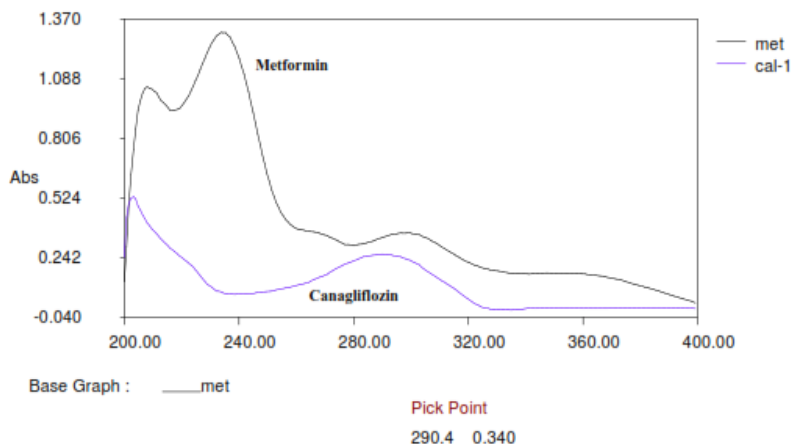


Figure-3: Overlay UV Spectra of Metformin HCl and Canagliflozin

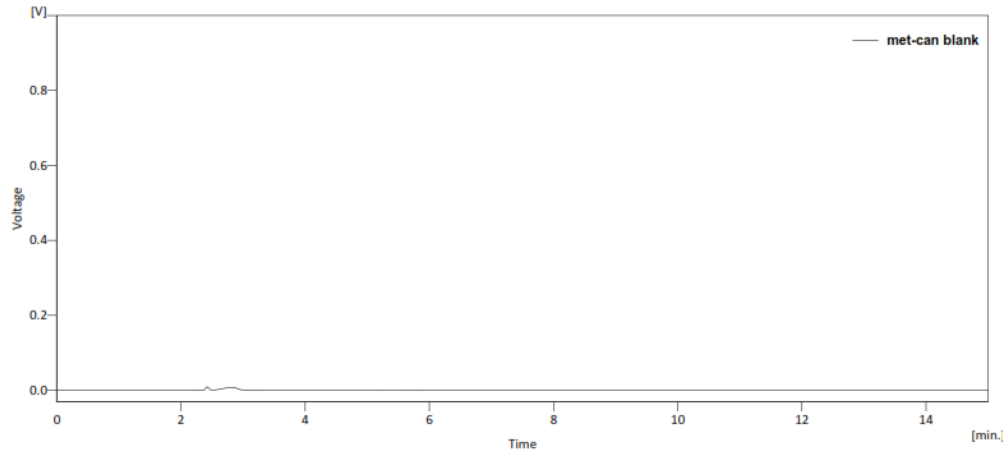


Figure-4: Chromatogram of Blank Preparation

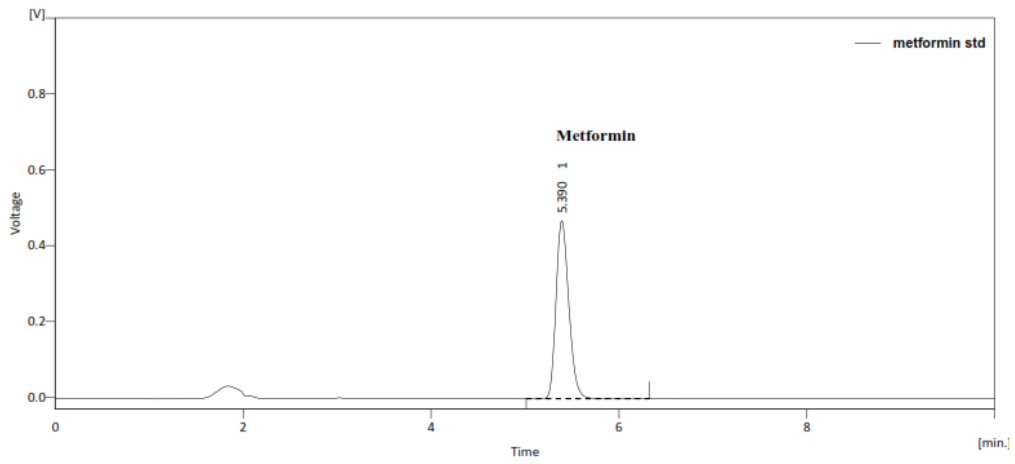


Figure-5: Chromatogram of Metformin Individual Standard Solution:

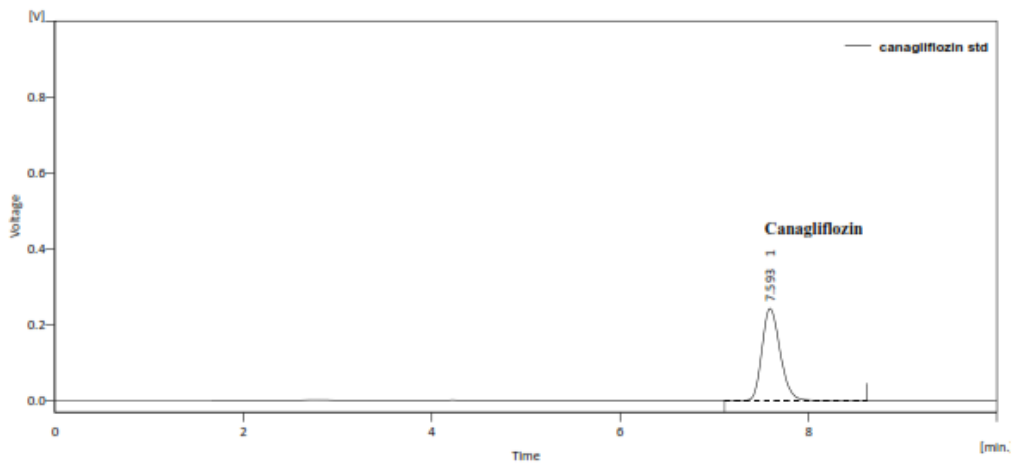


Figure-6: Chromatogram of Canagliflozin Individual Standard Solution:

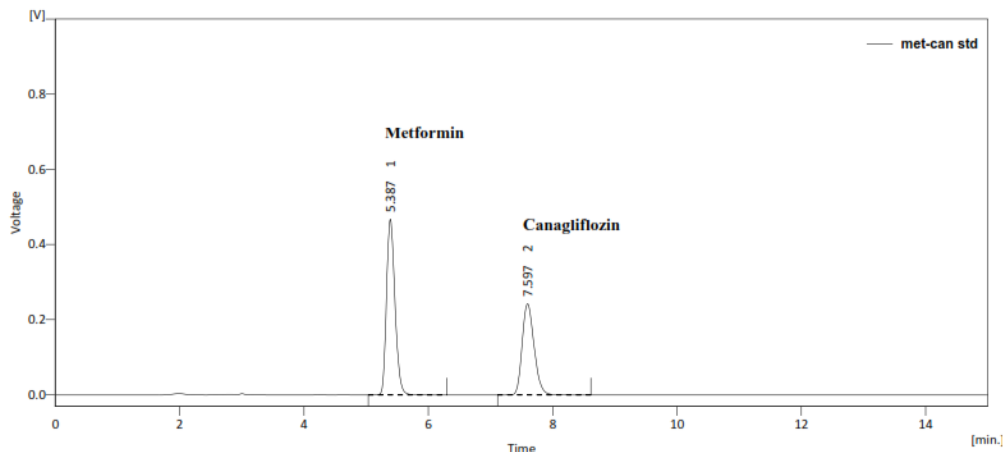


Figure-7: Chromatogram of Combined Standard Solution:

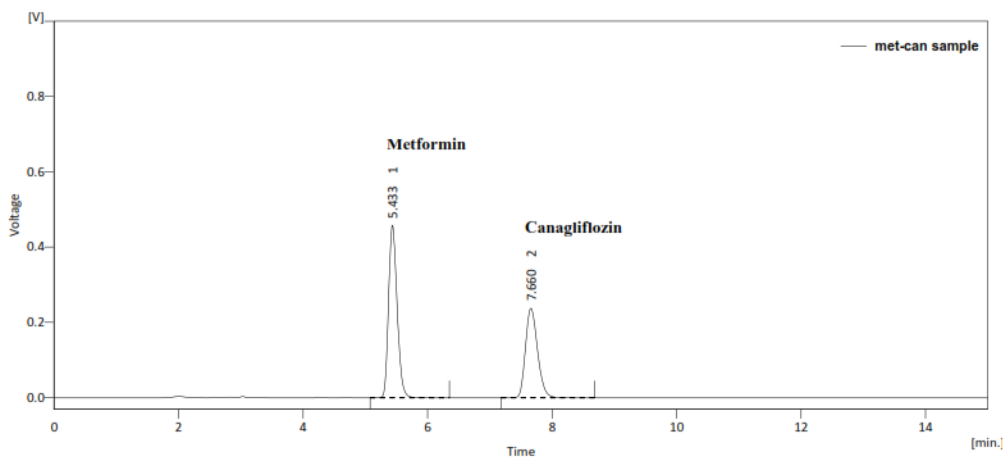


Figure-8: Chromatogram of Sample Solution:

3.1.2 System Suitability:

For the system suitability to pass few criteria were set according to which the theoretical plate for Metformin and Canagliflozin peak should not be less than 2000, a tailing factor should be between 0.8 to 2.0, % RSD of six replicate injection should not be more than 2.0 and resolution factor between two peaks should be more than 5.0. Results of System Suitability observed for proposed method were summarized below in Table-1:

Table-1: Summary of System Suitability results

Peak	Retention Time	Theoretical Plates	Tailing Factor	%RSD	Resolution
Metformin HCl	5.4	7100	1.3	1.70	-
Canagliflozin	7.6	7200	1.3	1.57	7.1
Acceptance Criteria	-	NLT 5000	Between 0.8-2.0	NMT 2.0%	NLT 5.0

Based on above summarized results it is evident that system suitability meets predefined acceptance criteria.

3.1.3 Specificity:

Retention times of individual peak of drugs in standard solution were corresponding to that of sample solution. Peak purity angle was less than peak purity threshold for individual peak of drugs in standard solution and sample solution. Result evident that method is specific for its intended use.

3.1.4 Forced Degradation Study:

During forced degradation study it was observed that Metformin and Canagliflozin were susceptible to acid, base, oxidation, Thermal and photo degradation. Summary of forced degradation study of Metformin HCl and Canagliflozin is summarized in Table-2. Purity Angle is less than Purity Threshold for individual peak of Metformin and Canagliflozin in all degradation samples. Based on this it is concluded that there is no interference with individual drug peak due to any other peak in all degradation samples. Hence, it is evident that analytical method in stability indicating in nature.

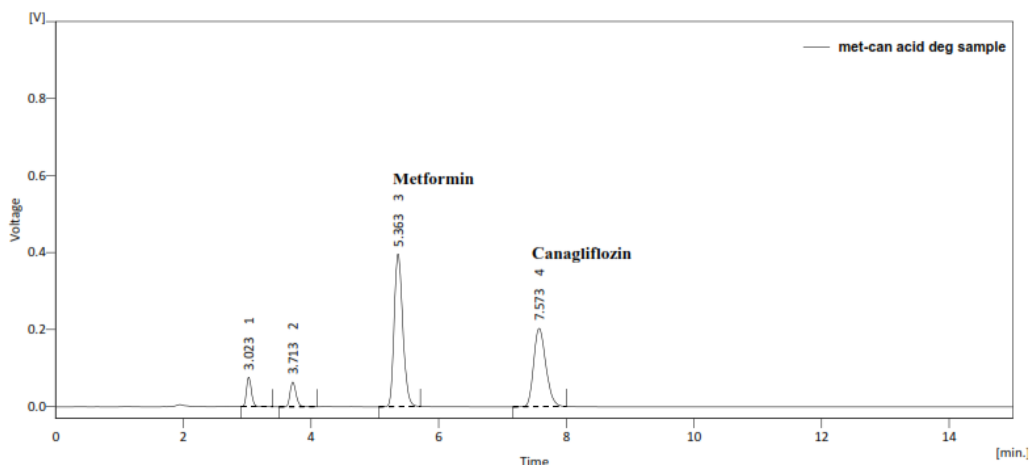


Figure-9: Chromatogram of Acid Degradation Sample

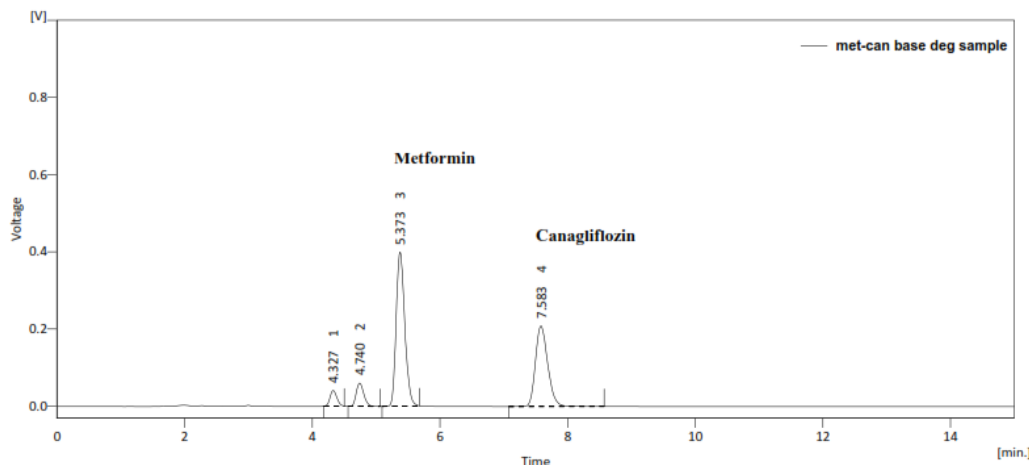


Figure-10: Chromatogram of Base Degradation Sample

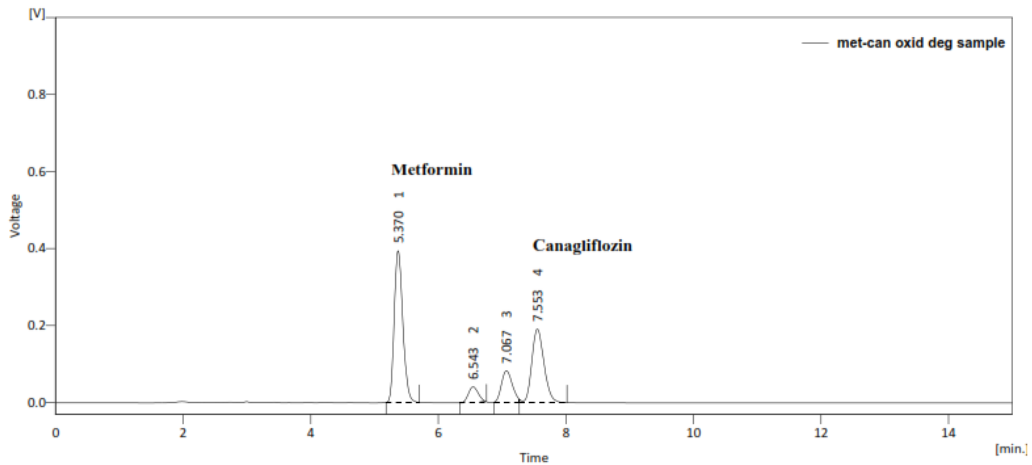


Figure-11: Chromatogram of Oxidation Degradation Sample

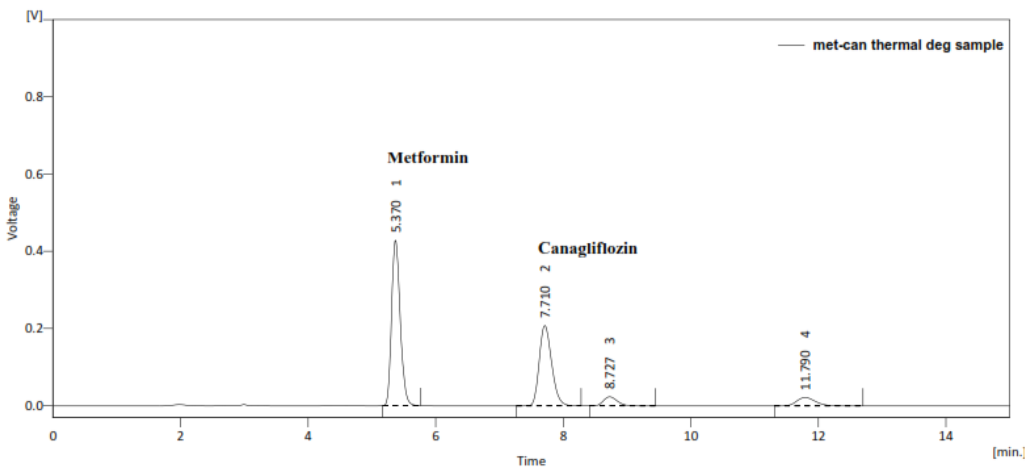


Figure-12: Chromatogram of Thermal Degradation Sample

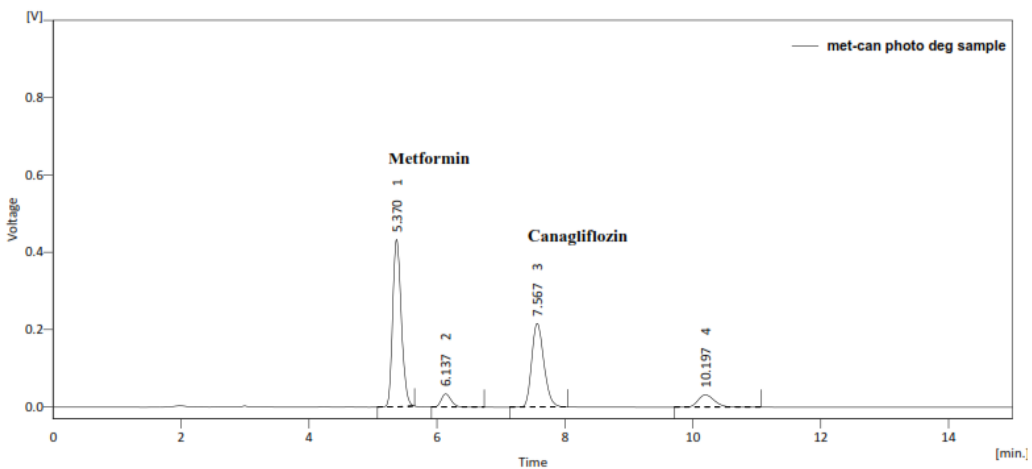


Figure-13: Chromatogram of Photo Degradation Sample

Table-2: Summary of Force degradation study of Metformin HCl and Canagliflozin

Degradation Condition	Metformin HCl		Canagliflozin	
	% Assay	% Degradation	% Assay	% Degradation
Undegraded Sample	100.08	-	99.50	-
Acid degradation	84.05	16.03	82.48	17.02
Base degradation	84.37	15.71	85.47	14.03
Oxidation degradation	83.28	16.80	77.56	21.94
Thermal Degradation	90.79	9.29	86.32	13.18
Photo Degradation	91.17	8.91	87.9	11.60

3.1.5 Precision:*3.1.5.1 System Precision:*

System precision was established by injecting six replicate injection of standard preparation. %RSD of six replicate injection of standard preparation was 1.71 and 1.57% for Metformin and Canagliflozin respectively.

3.1.5.2 Method Precision:

Method precision was established by injecting 6 sample preparation at 100% concentration level. % RSD of 6 sample preparation at 100% concentration level was 1.3 and 0.93 for Metformin and Canagliflozin respectively.

Summary of result for Method Precision is summarized in Table-3.

3.1.5.3 Intermediate Precision:

Intermediate precision was established by injecting 6 sample preparation at 100% concentration level. The % RSD of 6 sample preparation at 100% concentration level was below 0.95 and 1.07 for Metformin and Canagliflozin respectively. The % RSD of result of method precision and intermediate precision (Total 12 sample preparation at 100% concentration level) was 1.09 and 0.95 for Metformin and Canagliflozin respectively.

Summary of result for Intermediate Precision is summarized in Table-3.

Table-3: Summary of Method Precision and Intermediate Precision Study

Sample ID	Precision		Intermediate Precision	
	Metformin	Canagliflozin	Metformin	Canagliflozin
1	20.15	1.01	19.83	0.99
2	19.59	0.99	19.96	1.00
3	20.24	1.00	20.22	1.01
4	20.30	1.01	19.93	1.02
5	19.91	1.00	20.23	1.00
6	20.06	1.01	20.27	1.01
Mean	20.04	1.00	20.07	1.00
SD	0.26	0.01	0.19	0.01
%RSD	1.30	0.93	0.95	1.07
Overall %RSD	-	-	1.09	0.95

3.1.6 Assay of Market Formulation:

Market FDC of Metformin and Canagliflozin was analyzed and % Assay found 100.09% and 99.50% for Metformin and Canagliflozin Respectively.

3.1.7 Linearity:

The calibration curve for Metformin and Canagliflozin was found linear over the concentration range of 10-30 µg/ml and 0.5-1.5 µg/ml for Metformin and Canagliflozin respectively. The regression coefficient value was found 0.9991 and 0.9994 for Metformin and Canagliflozin respectively. Calibration curve for Metformin and Canagliflozin are provided in Figure-14 and Figure-15 respectively. Statistical Parameter observed during Linearity study is summarized in Table-4.

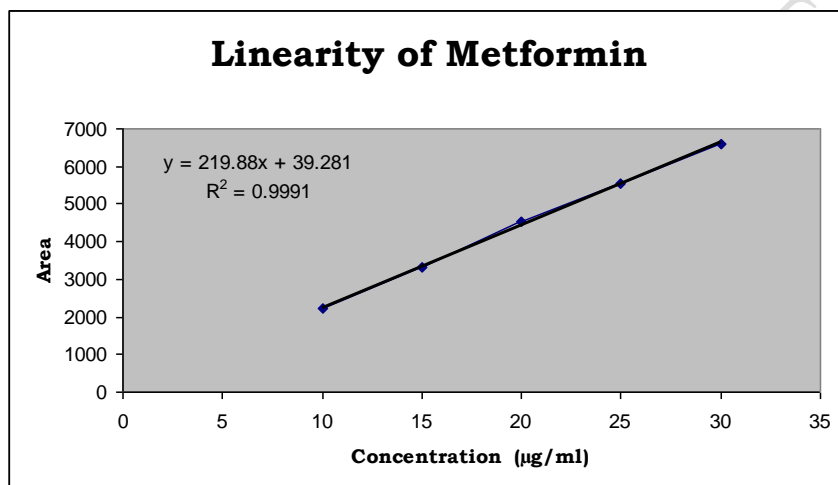


Figure-14: Linearity Calibration curve for Metformin HCl

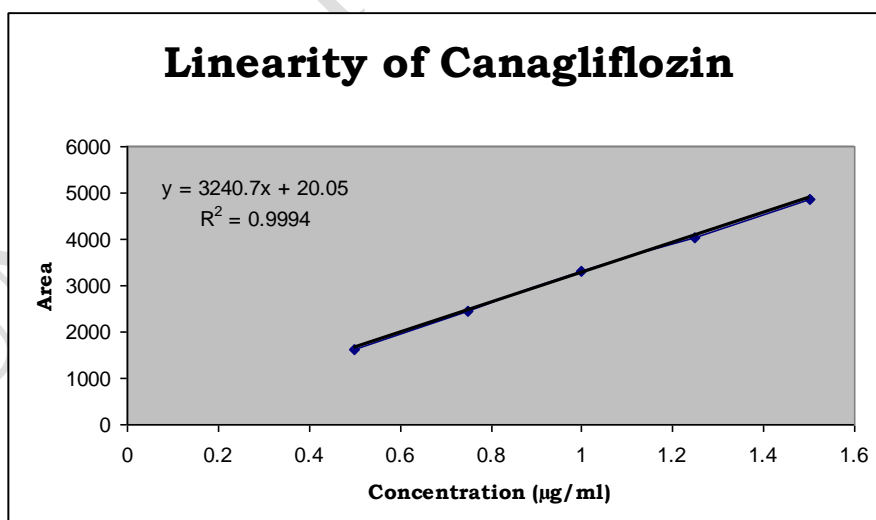


Figure-15: Linearity Calibration curve for Canagliflozin

Table-4: Statistical Parameter observed during Linearity study

Regression analysis	Metformin	Canagliflozin
Linearity range	10-30 µg/ml	0.5-1.5 µg/ml
Regression equation	$y = 219.88x + 39.281$	$y = 3240.7x + 20.05$
Correlation co-efficient	0.9991	0.9994
Intercept	39.281	20.05
Slope	219.88	3240.7

3.1.8 Accuracy:

The accuracy of the assay method was established three levels i.e. 50%, 100% and 150% of sample concentration. % Recovery observed between 98.62-101.22% and 98.68-101.27 for Metformin and Canagliflozin respectively. % RSD observed for accuracy was well below 2.0%.

3.1.9 Stability of Solution:

Stability of standard and sample preparation was established by examining the peak area at 0 Hrs, 8 Hrs, 24 Hrs and 48 Hrs time intervals and % change in area of peak was monitored with time. No significant change in peak area was observed in peak area till 48 Hrs for standard and sample preparation.

3.1.10 Robustness:

The robustness of method was established by varying flow-rate, pH of Mobile Phase buffer and ratio of Mobile Phase. System suitability was performed by varying the method parameters. System suitability criteria was in compliance to predefined limit of theoretical plate should not be less than 2000, a tailing factor should be between 0.8 to 2.0, % RSD of six replicate injection should not be more than 2.0 and resolution factor between two peak should be more than 5.0.

Summary of results for all method validation parameters are provided in Table-4. Based on result of method validation it is established that proposed RP-HPLC is simple, specific, stability-indicating, Linear, Precise, Accurate and robust.

Table-5: Summary of result of method validation Parameters

Parameter	Metformin	Canagliflozin
Specificity	No Interference	No Interference
Range	10-30 µg/ml	0.5-1.5 µg/ml
System Precision (%RSD)	1.71	1.57
Method Precision (%RSD)	1.30	0.93
Intermediate precision (%RSD)	0.95	1.07
Overall Precision (n= 2*3) (%RSD)	1.09	0.95
Linearity (correlation co-efficient)	0.9991	0.9994
Accuracy (% Recovery)	98.62-101.22%	98.68-101.27
Robustness (%RSD)	Meets System Suitability Acceptance Criteria	
% Assay	100.09%	99.50%

4. CONCLUSION

A novel, rapid, sensitive, specific, robust stability indicating RP-HPLC method was developed and validated for Canagliflozin and Metformin fixed dose formulation. All method validation parameter lie within its acceptance criteria as per ICH Q2 (R1) Guideline. So, it can conclude that method is selective, linear, accurate and precise. There is no co-elution of any degradation products with main peak and results obtained were found within the acceptance criteria. Hence, the method can be termed as selective. Therefore, the proposed RP-HPLC assay method can be applied for the estimation of Canagliflozin and Metformin HCL in pharmaceutical dosage form in the presence of degradation products.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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