

Validation of Dissolution Method of Levofloxacin 750 mg Tablet by High Performance Liquid Chromatography

Mithun Chandra Banik*1, Professor Dr. Bishyajit Kumar Biswas², Bhorhan Uddin Sawan³, Sanjit Biswas⁴, Dr. Md Abu Taib Al Refat⁵

¹² Department of Pharmacy, Jagannath University, Dhaka, Bangladesh,

³Department of Pharmacy, Noakhali Science and Technology University

⁴ Department of Pharmacy, Khulna University

⁵MBBS (Dhaka National Medical College, Dhaka, Bangladesh), Mph (Lincoln University College, Malaysia)

*Corresponding author

DOI: https://dx.doi.org/10.51244/IJRSI.2025.1210000155

Received: 06 October 2025; Accepted: 14 October 2025; Published: 12 November 2025

ABSTRACT

Dissolution test is needed to investigate the drug release of dosage form and its performance in vivo. The lot-to-lot quality of drug product is estimated by dissolution test. Research and validation of procedures of dissolution is of utmost significance during formation of new formulation and quality control. The process of dissolution should be adequately formulated and justified. This paper aims to summarize the creation and validation of dissolution procedure/s as well as to propose a feasible method of specificity, linearity, range, accuracy, and precision of the methods and limit of detection and limit of quantitation. Validation and development of dissolution test procedures may be an unwieldy process, in several dimensions. Techniques need to be generated and proven not only of the dissolution test technique per se, but also of some assay to determine the test outcomes [1]. This research aims at establishing, testing, and testing a strong dissolution process of Levofloxacin 750 mg tablets, using RP HPLC. The dissolution process will provide a reflection of what happens in vivo when administering the drug and assist in evaluating quality on a lot-to-lot basis and in the comparability of generic and brand-name products [2].

Key Words: Levofloxacin, HPLC, Assay, Method Validation, Dissolution, Chromatography

Levofloxacin:

Levofloxacin is an antimicrobial agent. It is administered in the treatment of several bacterial infections. It may be used as well to treat tuberculosis, meningitis, pelvic inflammatory diseases among some of its other uses

Fig 1: Structure of Levofloxacin

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XII Issue X October 2025



Its use is not suggested as a rule of thumb under the circumstances when alternative services are available. It is administered through the mouth, intravenously and as eye drops. The side effects are very common, they are nausea, diarrhea, disturbing sleep. Tendon rupture, tendon inflammation, seizure, psychosis and possibly irreversible damage to peripheral nerves are potentially severe side effects. The damage on the tendons can be seen months after the treatment. Individuals can also get sun burned much easier. Myasthenia gravis may further deteriorate in terms of muscle weakness in affected people and difficulty with breathing. Although it was not suggested to be used during pregnancy, there seems to be low risk. Use of other drugs under this group seems to be safe during breast feeding, but the safety of the Levofloxacin is still uncertain. Levofloxacin is a general antibiotic belonging to the group of drugs obtained using the fluroquinolone. It normally leads to death of the bacteria. It is an isomer of the medicine ofloxacin which is left sided.

Levofloxacin was invented in 1985 and licensed to treatment in the US in 1996. It is available as generic drug. In the third world countries, the wholesale treatment costs approximately 0.44- 0.95 a week [3]. Approximately, a week of treatment in the US costs between 50-100. As of 2016 it ranked as the 161 to be prescribed most in the United States with over 3 million prescription numbers.

Aim:

Validation of dissolution procedure aims at proving that it is appropriate to the purpose of its implementation. Dissolution validation is relevantly significant in the role of developing pharmaceutical [4].

The aim and goal included to come up with a dissolution method to be used in the routine analysis of Levofloxacin 750mg tablet with RP-HPLC to analyze it. It is conducted to derive data that have potential in high quality, peak efficacy and safety of drug therapy in addition to peak economy in drug production [5]..

Objectives:

- ✓ To know the validation parameters of Levofloxacin that includes System Precision, Method Precision, Linearity [6].
- ✓ To know about the drug Levofloxacin in shortly.
- ✓ To minimize validation method and instrumental error.
- ✓ Assure consistent production performance.
- ✓ To give reliable and reproducible results in accordance with the given specification of the test method [7].
- ✓ To ensure the quality of test results.
- ✓ To assured of the correctness of results.
- ✓ To minimize rejection loss.
- ✓ Help timely corrective action.
- ✓ Reduce extensive and product testing.

The scope is the application of the validated methods for routine analysis which may be included in the pharmaceutical monograph in future.

LITERATURE REVIEW

Journal Name	International Journal of Advances in Pharmacy, Biology and Chemistry
Author Name	K. Srinivas
Method Name	RP-HPLC Method
Column Name	Phenomenex column 250 x 4.6 mm, 5µm
Mobile Phase	Orthophosphoric acid: Methanol (70:30)
Wave Length	230 nm
Run Time	30 min



ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XII Issue X October 2025

Flow Rate	1 ml /min		
Journal Name	International Journal of Pharmaceutical and Clinical Research		
Author Name	Shafrose Syed, Haritha Pavani		
Method Name	Validated Simultaneous Estimation and Development of Levofloxacin.		
Column Name	Hypersil BDS C18 Column		
Mobile Phase	Acetonitrile (75:25)		
Wave Length	315 nm		
Run Time	8 min		
Flow Rate	1 ml /min		
Journal Name	International Journal of Pharmacy and Pharmaceutical analysis		
Author Name	Vaddeswarapu Madhavi and Mandalapu Neehanika		
Method Name	RP-HPLC Method		
Column Name	Intersil ODS C18 column		
Mobile Phase	Methanol		
Wave Length	223 nm		
Run Time	6 min		
Flow Rate	1 ml /min		
Journal Name	International Journal of Chemical Science		
Author Name	CH. Narasimha Raju Bh,		
Method Name	RP-HPLC Method		
Column Name	Phenomenex column 250 x 4.6 mm, 5μm		
Mobile Phase	Methanol		
Wave Length	295 nm		
Run Time	110 min		
Flow Rate	1 ml /min		
Journal Name	Research Gate Journal		
Author Name	E Reddy, Raghuram Reddy		
Method Name	Development and Validation of Levofloxacin		
Column Name	Hypersil BDS C18 Column 120 A (250 x 4.6mm), 5μm		
Mobile Phase	Acetonitrile and Methanol (60:40)		
Wave Length	285 nm		
Run Time	5 min and 3 min		
Flow Rate	1 ml /min		
<u> </u>			

Materials and Reagents:

The reference standard of Levofloxacin Hemihydrate (Potency 98.0%) was obtained from Eskayef Pharmaceutical Limited, Tongi, Gazipur 1711, Bangladesh and Levofloxacin (Trevox 750 mg and Levox 750 mg) tablets manufactured by Square Pharmaceuticals Limited and Opsonin Pharmaceutical Limited



respectably were purchased from local pharmaceutical market (Table 1). HPLC grade acetonitrile from Korea, HPLC grade water from Thiland and Trifluoroacetic acid was obtained from Korea.

Table1. Lists of Materials

Material	Manufacturer	
Levofloxacin Hemihydrate (Standard)	Eskayef Pharmaceutical Limited	
Levofloxacin (Trevox)	Square Pharmaceutical Limited	
Levofloxacin (Levox)	Opsonin Pharmaceutical Limited	

Table 2. Lists of Reagents

Reagents	Purity	Manufacturer	
Acetonitrile	HPLC grade	Daejung Chemical Co., Korea	
Water	HPLC grade	RCI Labscan Ltd., Thailand	
Trifluoroacetic acid	Reagent grade	Samchun Pure Chemical Co., Korea	

Instrumentation:

Chromatographic analysis was performed on Adept series CECIL [8] (Cecil Instruments Ltd., Cambridge, UK) with power Stream Software in RP-HPLC (Fig-2). Adept CECIL system CE 4900 was equipped with 4102 gradient pump, CE 4300 UV detector and CE 4020 degasser. AGE injector from Australia was used for manual injection (Fig-3), Dissolution Tester RC-6 (Fig-4) from Korea was used.

Table 3. Lists of Instruments

Instruments	Source
HPLC	Cecil Instruments Ltd., Cambridge, UK
Dissolution Tester	Humanlab Instrument Co. Korea
Ultrasonic Cleaner	Spectrolab (England)
Electronic Balance	Thomas Scientific



Fig. 2: HPLC





Fig.3 - Microinjection



Fig. 4 - Dissolution Tester



Fig.5 - Ultrasonic



Fig.6 - Electronic Balance

Chromatographic Condition:

Column: An analytical reversed phase column C8 was used for analysis. Chromatographic was performed in ambient temperature.

Flow Rate: 0.3 ml/min

Detection: 295 nm

Runtime: 25 min





Mobile Phase: Acetonitrile and Water with 0.15% Trifluoroacetic Acid (buffer). Mobile phase used in the following ratio (Table 4)

Table 4: Gradient Condition in Mobile Phase

Time (min)	Mobile Phase A (%)	Mobile Phase B (%)
0	10	90
5	20	80
8	30	70
10	40	60
12	50	50
15	40	60
20	30	70
22	20	80
25	10	90

Preparation of mobile phase:

Mobile Phase- A:

Mobile phase A was prepared by adding 0.15% of Trifluoroacetic acid in 1L Acetonitrile.

Mobile Phase- B:

Mobile phase B was prepared by adding 0.15% of Trifluoroacetic acid in 1L Water.

Preparation of Blank:

86.9 ml conc. HCl is added in 10L water and 0.1N HCl was prepared.

Preparation of Standard:

The reference standard of Levofloxacin Hemihydrate 100 mg was weighted and taken in 100ml flask. After 10ml take from solution into another volumetric flask and make it 100ml. Therefore, per ml solution contains 100µg/ml [9].

Preparation of Sample:

Take 900 ml 0.1N HCl in dissolution tester 6 vessels [10]. Levofloxacin 750 mg 6 tablets (Trevox) and Levofloxacin 750 mg 6 tablets (Levox) were given to 6 vessels. So, conc. will be 1.16 mg/ml. After 30 min and 45 min 10 ml sample is collected from each vessel. After filtration 10 ml is taken and volume up to 50 ml with 0.1N HCl. So, conc. will be now 116 μ g/ml [10].

Method Validation:

Method validation is the "process of establishing documented evidence" which provides a high degree of assurance [11]. The method was validated as per ICS guidelines. The method was validated by performing:

Parameters	Dissolution
System Precision	+





Method Precision	+
Linearity	+

System Precision:

The system precision is checked by using standard chemical substance to ensure that the analytical system is working properly. [12].

Method Precision:

In method Precision, a homogenous sample of single batch should be analyzed 6 times. [13].

Linearity:

Linearity is the property of a mathematical relationship or function which means that it can be graphically represented as a straight line [14]. In analytically it directly proportional to the concentration of the analyte and sample. [15]

From stock solution 1, pipette out 6ml, 8ml, 10ml, 12ml, 14ml into 100 ml volumetric flask to get 60% 80% 100% 120% 140% of standard solution [16].

System Precision:

System Precision was determined by repeatability of the Levofloxacin hemihydrate standard solution [17]. The system precision of the method was evaluated by carrying out six determinations [18]. The areas of all injections were taken from Power Stream (Table-5); mean, standard deviation and % relative standard deviation was calculated. The calculation formula:

Standard deviation

% RSD = ----- x 100

Mean

Table 5: System Precision Data

Parameters	Data
Number of determinations(n)	6
Individual results (areas)	9373.3, 9355.2, 9386.7, 9402.3, 9397.2, 9483.5
Mean (area)	9399.7
Standard deviation (SD)	47.55
%RSD	0.51
Acceptance Criteria	Co-efficient of variation NMT 2.0%

^{*}NMT = Not More Than

Result and Evaluation:

The system was precise, as the co-efficient of variation was less than 2.0%.

Method Precision:

Dissolution sample Preparation:

10 ml Dissolution media containing drug was withdrawn from dissolution vessel after 30 minutes [19]. Then from this 7 ml was diluted to 50 ml. Then it was filtered and injected.

Table 6: Method Precision Data

Parameters	Data	
Number of determinations(n)	6	
Individual dissolution results (%)	92.18, 93.40, 96.03, 93.92, 91.60, 92.69	
Mean	93.30	
Standard deviation (SD)	1.57	
Relative Standard Deviation (%RSD)	1.68	
Acceptance Criteria	Co-efficient of variation NMT 2.0%	

Result and Evaluation:

The method was precise, as the co-efficient of variation was less than 2.0%.

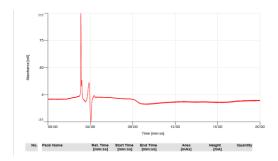


Figure 7: Blank chromatogram of Levofloxacin Dissolution

Naturally, the Figure 7 shows the blank chromatogram of the Levofloxacin dissolution by the HPLC, there is only one major peak, with large absorbance at the 4-minute mark and then with stable position at the end of 6 minutes without any notable peaks. This shows little interference or impurities in the blank sample.

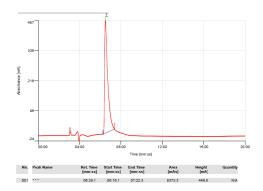


Figure 8: Standard chromatogram of Levofloxacin Dissolution

The standard chromatogram of the dissolution of Levofloxacin presented in Figure 8 indicates that there was a prominent peak at about 6.3 minutes whose absorbance was high to a level of about 450 mAU. This significant peak indicates Levofloxacin and the height should be constant and clear after this peak which proves the successful separation and purity of the standard solution.



Linearity:

The linearity of an analytical procedure is its ability (within a given range) to obtain test results which are directly proportional to the concentration of analyte in the sample.

Linearity with Standard Solution:

The linearity of peak area (y)/ concentration (x) of a dilution series was determined for standard solution in the range 60% - 140% (e.g. 60,80,100,120,140) % of the nominal concentration.

Table 7: Linearity Data

Concentration (µg/ml)	Area (mAs)	
60	5553.8	
80	7514.4	
100	9373.3	
120	11347.6	
140	13310.7	

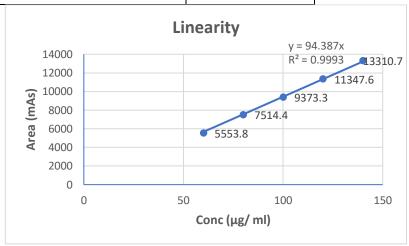


Figure 9: Levofloxacin Dissolution Linearity curve (60% -140%)

In Figure 9 it can be observed the Levofloxacin Dissolution Linearity at the concentration level of 60 percent to 140 percent. In the graph the regression equation was y = 94.387x and the correlation coefficient (R2) = 0.9999 showing that there was high linearity between concentration (ug/ml) and peak area (mAs). The findings affirm that the procedure is accurate and gives reliable consistent quantification over the concentration range that was tested.

Acceptance Criteria:

Correlation Coefficient, r2 is ≥ 0.999

Result and Evaluation:

The Correlation Coefficient, r2 was found 0.9993. This method is sufficient linear as the Correlation Coefficient, r2 is \geq 0.999.

Range:

To determine the range of the method, 60% solution for 6 replicas and 140% solution for 6 replicas were injected and %RSD was calculated.

Table 8: Data of Range

Ranges	Areas (mAs)	Average	Standard Deviation (SD)	% RSD	Remarks
60%	5553.8, 5592.3, 5409.5, 5529.7, 5486.0, 5543.4	5519.12	63.83	1.16	Complies
140%	13310.7, 13555.2, 13375.4, 13597.3, 13611.4, 13768.7	13536.45	167.64	1.24	Complies

Acceptance Criteria:

Method is suitable if co-efficient of variation is less than 2.0% for each level.

Result and Evaluation:

The method is suitable as %RSD is within limits.

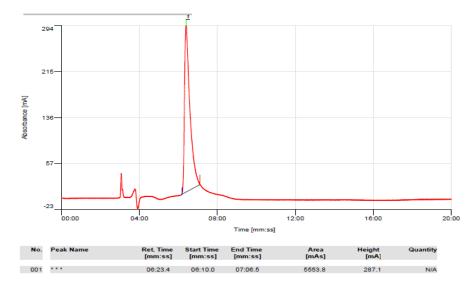


Figure 10: Chromatogram of Levofloxacin at Range 60%

The chromatogram shown in Figure 10 is that of Levofloxacin at 60% concentration. The retention time of 6.23 is a sharp, symmetrical peak which shows good separation and detection. It has a peak area of 5553.8 mAs and a height of 287.1 mA which indicates the correct quantification of the analysis at this concentration level.

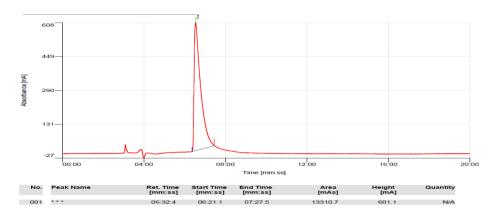


Figure 11: Chromatogram of Levofloxacin at Range 140%

It is yet easy to understand through the presentation of Figure 11 that the chromatogram of the Levofloxacin at concentration of 140 percent. At 6.32 minutes, there is a sharp and well-defined peak which has an excellent resolution. its highest area is 13310.7 mAs and a height is 601.1 mA meaning omnipotent detector reaction and excellent linearity at this degree of concentration.



Percentage of Dissolution of Levofloxacin (Trevox) 750 mg Tablet After 30 minutes:

Standard Solution				Sample Solution			After 30 minutes
Replica	Area of Std (mAs)		Replica	Area (mAs)		Average Area (mAs)	% of Dissolution
1	9373.3	Tab1	1	9967.0		10050.85	92.18
2	9355.2		2	10134.7			
3	9386.7	Tab2	1	10234.2		10184.45	93.40
4	9402.3		2	10134.7			
5	9397.2	1	10452	0452.3 10470		.45	96.03
6	9483.5	2	10488	5.6			
Average	9399.7	1	10192	10192.8 10240 10288.7 9953.2 10022.3 9987.7		0.75	93.92
		2	10288				
		1	9953.2			75	91.60
		2	10022				
		1	10024	4	10106	5.35	92.69
		2	10188	3.3			
					Avera	ıge	93.30

Acceptance Criteria:

After 30 minutes dissolution should be ≥70%

Result and evaluation:

From the above table all tablets (6 tablets) comply the acceptance criteria.

Percentage of Dissolution of Levofloxacin (Trevox) 750 mg Tablet After 45 minutes:

Standard Solution				Sample Solution		After 45 minutes
Replica	Area of Std (mAs)		Replica	Area (mAs)	Average Area (mAs)	% of Dissolution
1	9373.3	Tab1	1	10220.9	10328.2	94.72
2	9355.2		2	10435.4		
3	9386.7	Tab2	1	11044.3	11000.3	100.89
4	9402.3		2	10956.3		
5	9397.2	Tab3	1	10753.7	10594.25	97.16
6	9483.5		2	10434.8		
Average	9399.7	Tab4	1	10356.8	10472.65	96.05
			2	10588.5		
		Tab5	1	10972.5	10917.4	100.13
			2	10862.3		
		Tab6	1	11054.1	11064.75	101.48
			2	11075.4		
					Average	98.40



Acceptance Criteria:

After 45 minutes dissolution should be ≥75%

Result and evaluation:

From the above table all tablets (6 tablets) comply the acceptance criteria.

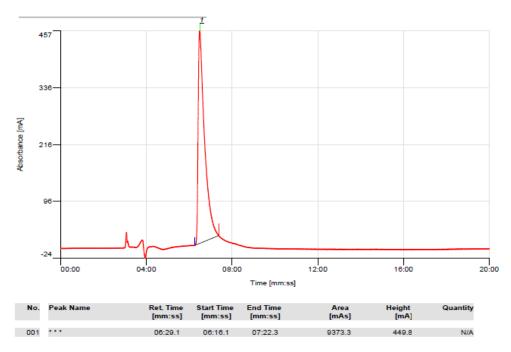


Figure 12: Standard chromatogram of Levofloxacin

The normal chromatogram of levofloxacin can be seen in figure 12 and indicates that there was sharp and prominent peak at 6.29 minutes of retention time. High purity and correct resolution are also denoted by the peak. Proper detection and quantification is attested by the area under the curve of 9373.3 mAs and a height of 440.8 mA.

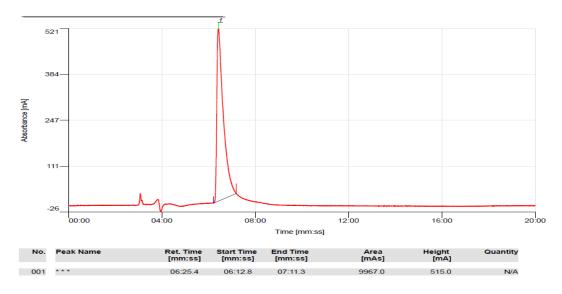


Figure 13: Dissolution Chromatogram of Levofloxacin (Trevox) 750 mg Tablet after 30 minutes

Understandably, in the Figure 13, the dissolution chromatogram of the Levofloxacin (Trevox) 750 mg tablet 30 minutes later with a clear peak at a retention strength of 6.25 minutes. The sharp peak that has an area of 9967.0 mAs and the height of 515.0 mA allows attaining efficient drug release and a good chromatographic resolution.



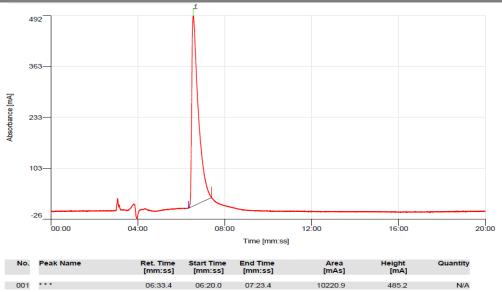


Figure 14: Dissolution Chromatogram of Levofloxacin (Trevox) 750 mg Tablet after 45 minutes

Figure 14 depicts the dissolution chromatogram of Levofloxacin (Trevox) 750 mg tablet 45 minutes later and a sharp and well-defined peak is observed in 6.33 minutes. An area of 10220.9 mAs and a height of 485.2 mA appear in the chromatogram and it is a marker of successful dissolution and that the drug is released in a stable way.

Percentage of Dissolution of Levofloxacin (Levox) 750 mg Tablet After 30 minutes:

Standard Solution				Sample Solution		After 30 minutes
Replica	Area of Std (mAs)		Replica	Area (mAs)	Average Area (mAs)	% of Dissolution
1	9373.3	Tab1	1	10291.2	10211.15	93.65
2	9355.2		2	10131.1		
3	9386.7	Tab2	1	9978.5	9917.4	90.95
4	9402.3		2	9856.3		
5	9397.2	Tab3	1	10176.5	10215.9	93.69
6	9483.5		2	10255.3		
Average	9399.7	Tab4	1	9839.4	9858.45	90.41
			2	9877.5		
		Tab5	1	10038.4	10071.25	92.37
			2	10104.1		
		Tab6	1	9956.3	9971.9	91.45
			2	9987.5		
					Average	92.09

Acceptance Criteria:

After 30 minutes dissolution should be ≥70%

Result and evaluation:

From the above table all tablets (6 tablets) comply the acceptance criteria.



Percentage of Dissolution of Levofloxacin (Levox) 750 mg Tablet After 45 minutes:

Standard	l Solution			Sample Solution		After 45 minutes
Replica	Area of Std (mAs)		Replic a	Area (mAs)	Average Area (mAs)	% of Dissolution
1	9373.3	Tab1	1	11198.9	11122.1	102.00
2	9355.2		2	11045.2		
3	9386.7	Tab2	1	10737.3	10720.1	98.32
4	9402.3		2	10702.9		
5	9397.2	Tab3	1	10978.2	10926.85	100.21
6	9483.5		2	10875.5		
Averag e	9399.7	Tab4	1	10522.7	10531.05	96.58
			2	10539.4		
		Tab5	1	10645.3	10577.35	97.01
			2	10509.4		
		Tab6	1	10976.2	10922.35	100.17
			2	10868.5		
					Average	99.05

Acceptance Criteria:

After 45 minutes dissolution should be ≥75%

Result and evaluation:

From the above table all tablets (6 tablets) comply the acceptance criteria.

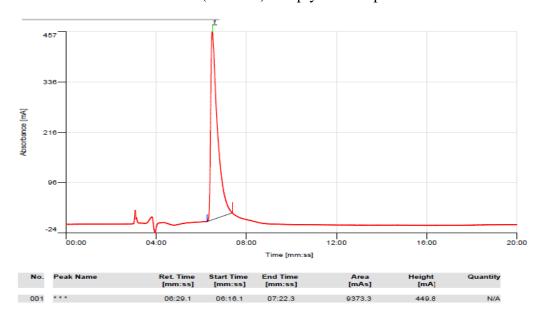


Figure 15: Standard chromatogram of Levofloxacin

The Figured 15 indicate the standard chromatogram of Levofloxacin showing a sharp and high peak with a retention of 6.29 minutes. The maximum value shows the presence, and purity of Levofloxacin, with an area of 9373.3 mAU*s and a height of 449.8 mAU, which proves correct separation of chromatography.

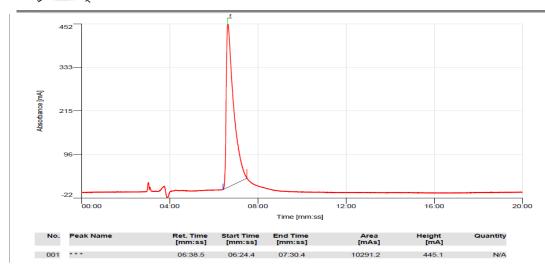


Figure 16: Dissolution Chromatogram of Levofloxacin (Levox) 750 mg Tablet after 30 minutes

It can be well understood based on the figure 16 that the dissolution chromatogram of the Levofloxacin (Levox) 750 mg tablet after 30 minutes which shows a sharp peak with a retention time of 6.38 minutes. The chromatogram shows efficient drug release with the area of 10291.2 mAU+s and with the height of 445.1 mAU, which points to the coherent dissolution and performance of assays.

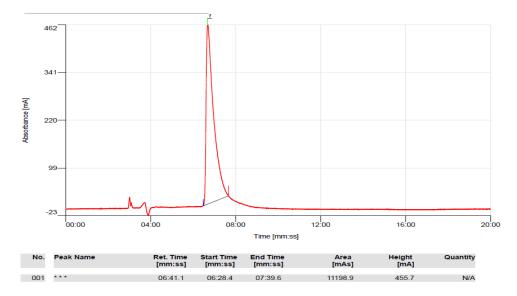


Figure 17: Dissolution Chromatogram of Levofloxacin (Levox) 750 mg Tablet after 45 minutes

The figure 17 is the dissolution chromatogram of Levofloxacin (Levox) 750 mg tablet at the end of 45 minutes and it shows a sharp peak at 6.41 minutes. This chromatogram shows drug release was efficient with an area of 11198.9 mAU+s, height of 455.7 mAU, and indicates that the drug dissented well, and the assay was reliable.

CONCLUSION

The dissolution method for Levofloxacin 750 mg tablets, developed and validated in this study, demonstrated rapid, sensitive, precise, and accurate performance [20]. These met the predefined acceptance criteria with low variability (RSD well below 2%), and linearity showed excellent correlation ($r^2 \ge 0.999$) over the tested range [21]. The method produced consistent dissolution results at 30 and 45 minutes, with all tablets meeting the specified dissolution criteria ($\ge 70\%$ at 30 minutes and $\ge 75\%$ at 45 minutes). The range and robustness assessments indicated suitability for routine quality control and comparability across brands. While stability testing could not be completed due to time constraints, the current data support the method's reliability for routine analyses and potential inclusion in pharmaceutical monographs after additional stability evaluation. Overall, the validated RP-HPLC dissolution procedure provides a practical, transferable approach for quality assurance of Levofloxacin 750 mg tablets in Bangladesh and similar settings.





REFERENCES

- 1. Agustina, R., Mulyadi, D. and Yuningsih, L.M. "Optimization and validation of Clobazam content determination method in tablet preparations using High Performance Liquid Chromatography (HPLC)", Jurnal Biologi Tropis, Vol.25, Issue.3, pp. 4213–4220, 2025.
- 2. Bandla, J. and Gorja, A., "Development and validation of sample simultaneous analysis for Ertugliflozin and metformin by reverse phase-high performance liquid chromatography (RP-HPLC) in tablet dosage form", Annals of Phytomedicine: An International Journal, Vol.11, Special Issue.1, pp. 83–90, 2022.
- 3. Rishabh K Dagariya, Rakesh K Jat, "Method development and validation of Irbesartan chlorthalidone and Cilnidipine in their combined tablet dosage form by high performance liquid chromatography", Journal of Drug Delivery and Therapeutics, Vol.7, Issue.4, pp. 88–96, 2017.
- 4. Kohli, K. and Beg, S. "Validated reverse phase-high performance liquid chromatography method of amoxicillin trihydrate for assay and dissolution studies in time-dependent release bilayer tablet formulations", Drug Development and Therapeutics, Vol.5, Issue.2, pp. 148–152, 2014.
- 5. Rakam, G.K., Mallik, A. and Sucharitha, CH. "Method development and validation of reverse phase high performance liquid chromatography method for estimation of Ondansetron and pantoprazole in their tablet dosage form", Indian Journal of Pharmaceutical Sciences, Vol.84, Issue.2, pp. 483–492, 2022.
- 6. Venkatesh, P. and Gayatri, S. "Estimation of pramipexole dihydrochloride in tablet formulation by the developed reverse phase high performance liquid chromatography method and its validation", Indian Journal of Pharmaceutical Sciences, Vol.84, Issue.1, pp. 228–231, 2022.
- 7. Yelmame, S.S. and Amrutkar, S.V. "Development and validation of a reverse phase high-performance liquid chromatography (RP-HPLC) dissolution method for the simultaneous quantification of emtricitabine and tenofovir alafenamide in tablet formulations", Biosciences Biotechnology Research Asia, Vol.21, Issue.4, pp.1529–154, 2024.
- 8. Atowar Rahman, Reshma Kaja, M.Janarthan M.Janarthan, "Development and Validation of Anti-Hypertensive Drugs in Combined Pharmaceutical Tablet Dosage Form by RP-HPLC Method", International Journal of Pharmaceutical Research and Applications, Vol.10, Issue.1, pp. 674–678, 2025.
- 9. Dagariya, R.K. and Jat, R.K. "Method development and validation of Irbesartan chlorthalidone and Cilnidipine in their combined tablet dosage form by high performance liquid chromatography", Journal of Drug Delivery and Therapeutics, Vol.7, Issue.4, pp. 88–96, 2017.
- 10. Kumar, A., Sharma, A.K. and Dutt, R. "Reverse-phase high-performance liquid chromatography method development and validation for estimation of Glimepiride in bulk and tablet dosage form", International Journal of Pharmaceutical Quality Assurance, Vol.11, Issue.2, pp. 296–302, 2020.
- 11. Ratna Budhi Pebriana, Olivia Damayanti, Yunda Dewi Agustin, Endang Lukitaningsih, Angi Nadya Bestari, "Validation of a high-performance liquid chromatographic method for the assay and dissolution of Captopril in mucoadhesive tablet formulation", Journal of Applied Pharmaceutical Science, Vol. 11, Issue.2, pp. 66–74, 2021.
- 12. Virendra Sopan, P. "Analytical method development and validation for baclofen and its stages by high performance liquid chromatography", International Journal of Science and Research (IJSR), Vol.11, Issue.5, pp. 1852–1855, 2022.
- 13. Sopan Pathare, V. "Analytical method development and validation for Larcenidepin and its stages by high performance liquid chromatography", International Journal of Science and Research (IJSR), Vol.11, Issue.5, pp. 1689–1692, 2022.
- 14. Ahmad, S. et al. (2017) 'Method development and validation of hydrochlorothiazide and Nebivolol in bulk and tablet formulation by reverse phase-high performance liquid chromatography method', Journal of Pharmaceutical and BioSciences, Vol.5, Issue.3, pp. 23–27, 2017.
- 15. Shital Rathod, Jyotsana Chopade, Sonali Mahaparale ,Y. P. Jadhao, "Analytical Method Development and validation for estimation of Emtricitabine in tablet dosage form by reverse phase high performance liquid chromatography", Indian Journal of Pharmaceutical Sciences, Vol.86, Issue.1, pp. 294–301, 2024.
- 16. Palani Shanmugasundaram, Kamarapu Sk, "Method development and validation for the simultaneous determination of Metoprolol and atorvastatin by reversed-phase high-performance liquid chromatography in its bulk and pharmaceutical tablet dosage form using Biorelevant Dissolution Media



(fasted state small intestinal fluid)", Asian Journal of Pharmaceutical and Clinical Research, Vol. 11, Issue.4, pp. 54-61, 2018.

- 17. Sunkara Namratha, Vijayalakshmi A., "Method development and validation of lopinavir in tablet dosage form using reversed-phase high-performance liquid chromatography", Asian Journal of Pharmaceutical and Clinical Research, Vol.11, Issue.4, pp. 125–128, 2018.
- 18. Bhaskar Chandra Dwivedi, Dr. Rajesh Verma a, Dr.Gaurav Maheshwari, "Method development & validation of high-performance liquid chromatography method for organic acids in ayurveda preparation", International Journal of Research Publication and Reviews, Vol.5, Issue.2, pp.1170–1176, 2024.
- 19. D. J. Pandya*, C. N. Patel and Khushbu Patel, "Quality by design based stability indicating quantitative reverse phase high performance liquid chromatography method development and validation for bilastine in tablet dosage form", Indian Journal of Pharmaceutical Sciences, Vol. 86, Issue. 2, pp. 683-691, 2024.
- 20. Chinmaykumar Oza, "Method Development and Verification for Dissolution of Magnesium Oxide Tablets 400 mg by Titration", International Journal of Scientific Research in Chemical Sciences, Vol. 12, Issue.1, pp. 01-05, 2025.
- 21. N. Sunitha, N. Rama Rao, "RP HPLC Method for the Estimation of Riboflavin in Various Extracts of Pumpkin", International Journal of Scientific Research in Multidisciplinary Studies, Vol.5, Issue.8, pp. 10-13, 2019.

Page 1788