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Simultaneous estimation of Simvastatin and Ezetimibe in pharmaceutical formulations by RP-HPLC method

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Abstract:
Simvastatin and Ezetimibe are used to treat hyperlipidemia. A simple, precise cost effective and stability indicating RP-HPLC method has been developed and validated for the simultaneous determination of Simvastatin and Ezetimibe in pharmaceutical formulations. Separation of both simvastatin and Ezetimibe was achived with in 5 minutes with required resolution, accuracy and precision thus enabling the utility of the method for routine analysis. Chromatographic separation was achieved on a X-terra RP-18 column(50 × 4.6 mm, 5µ) using a mobile phase consisting of 0.05M phosphate buffer pH3.0 and Acetonitrile in the ratio of 45:55 at a flow rate of 0.8ml per minute. The detection was made at 236nm. The retention time of Simvastatin and Ezetimibe were 3.3 and 0.8 minutes respectively. The method was found linear over the range of 5-15 µg per ml for Ezetimibe and 40-120 µg per ml for Simvavastatin. The proposed method was validated as per the ICH and USP guidelines.
Key words: Simvastatin and Ezetimibe, HPLC and validation

INTRODUCTION

Simvastatin(Figure 1), a methylated analog of lovastatin, is the lactone form of 1', 2', 6', 7', 8', 8a' hexahydro-3, 5, -dihydroxy-2', 6l-dimethyl- 8'(2'', 2'' – dimethyl –1'' oxo – butoxy) 1'- naphthalene heptanoic acid. This drug, which acts by inhibiting 3-hydroxy-3 methyl lutarylcoA reductase is used in the treatment of hypercholesterolemia [1]. Following conversion of this lactone prodrug to its hydroxyl acid form, the compound is a potent competitive inhibitor of HMG-CoA reductase, the rate limiting enzyme in cholesterol biosynthesis [2]

Ezetimibe (Figure 2), (1-(4-flurophenyl)-3(R)-[3(S)-(4-flurophenyl) –3-hydroxy propyl] –4(S) (4 –ydroxyphenyl) azetidin- 2-one), which belongs to a group of selective and very effective 2-azetidione cholesterol absorption inhibitors acts at the level of cholesterol entry into enterocytes [3]. It prevents transport of cholesterol through the intestinal wall by selectively blocking the absorption of cholesterol from dietary and billiary sources. This reduces the overall delivery of cholesterol to the liver, thereby promoting the synthesis of LDL receptors and a subsequent reduction in serum LDL-C [4-5].

Clinical studies have shown that co-administration of ezetimibe with statins could provide an additional reduction in LDL cholesterol as well as total cholesterol [6].

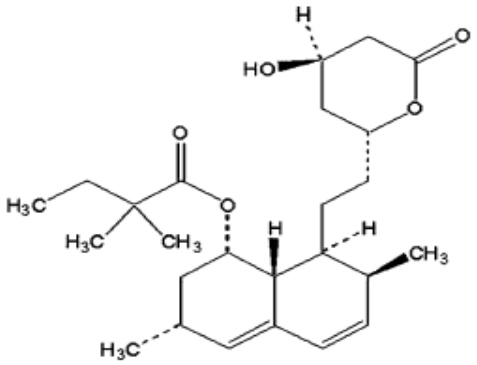

Figure 1: Chemical Structure of Simvastatin

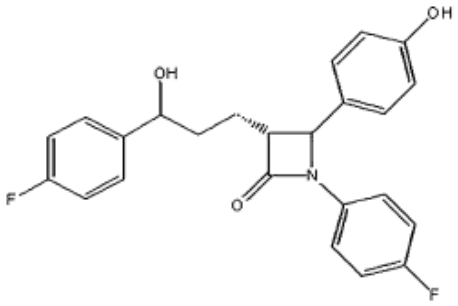

Figure 2: Chemical Structure of Ezetimibe

A few methods based on HPLC [7-9], UV [10], LC-MS [11, 12] and GC-MS [13] were reported earlier for the determination of Simvastatin individually and in combination with other drugs. A few analytical procedures were also proposed for the determination of ezetimibe in dosage forms [14] in human serum, urine and feces [15].

Although the combinational use of Simvastatin and ezetimibe is continuously increasing, simultaneous analysis of these two components in their pharmaceutical preparation is not official in Indian Pharmacopoeia, British Pharmacopoeia, United states and European Pharmacopoeia. There is an urgent need to develop and validated analytical methods for the simultaneous analysis of Simvastatin and Ezetimibe in pharmaceutical dosage forms. We describe herein a simple, sensitive and validated stability indicating HPLC method utilizing isocratic mobile phase with short retention time for the simultaneous determination of these two components in pharmaceutical formulations like tablets. The developed method can be successfully applied to quality control and other analytical purposes.

MATERIALS AND METHODS

I. Chemicals and Reagents

Simvastatin and Ezetimibe working standards were procured from Cipla Labs, and the tested pharmaceutical formulations (Simvastatn (80mg) and Ezetimib (10mg) tablets) were procured from commercial pharmacy. Potassium dihydrogen phosphate, acetonitrile, methanol, ortho phosphoric acid were of suitable analytical grade.

II. Apparatus and Chromatographic Conditions

HPLC analysis was performed on Waters HPLC system equipped with a 2696 separation module and 2996 Photo Diode Array Detector. Separations were carried on a X-terra RP-18 (50 × 4.6 mm, i.d., 5 µm particle size) using isocratic elution. The flow rate was 0.8 mL min-1. UV detection was performed at 236 nm. Peak identity was confirmed by retention time comparison and the HPLC was operated at room temperature.

III. Preparation of Mobile Phase

The mobile phase is composed of a mixture of 0.05M-Potassium dihydrogen phosphate buffer (pH 3.0) and acetonitrile in the ratio of 45:55 (v/v)., filtered through a 0.45 µm nylon filter (Millipore, USA) and degassed by sonication prior to use.

IV. Preparation of Standard Solution

The standard stock solution of Simvastatin (0.8 mg/mL) and Ezetimibe (0.125 mg/ mL) was prepared in methanol since both drugs are soluble in this solvent. The working standard solution Simvastatin (80 µg/mL) and ezetimibe (10 µg/mL) was prepared by diluting the stock solution in mobile phase solution.

V. Preparation of Sample Solution

Twenty tablets were weighed to get the average weight and then ground. An amount of powder equivalent to 80 mg of Simvastatin and 10mg of ezetimibe was transferred to a 100 mL volumetric flask, added 70 mL of methanol and sonicated for 30 min with intermediate shaking. Followed by making up to volume with methanol to obtain a solution containing 0.8 mg/ mL Simvastatin and 0.1 mg/ mL Ezetimibe. An aliquot was then removed and centrifuged at 5000rpm for 10min. The solution was filtered using 0.45µm membrane filter paper. After filtration, the solutions were diluted with mobile phase to give a final concentration of Simvastatin (80 µg/mL) and Ezetimibe (10 µg/mL).

RESULTS AND DISCUSSION

Method Development

Drug quality control, stability, metabolism, pharmacokinetics, and toxicity studies all necessitate the determination of drugs in pharmaceutical formulations and biological

samples. Correspondingly, efficient and validated analytical methods are very critical requirements for all these investigations. Chromatographic parameters were preliminary optimized to develop a LC method for simultaneous determination of Ezetimibe and Simvastatin with short analyses time (<5 min), and acceptable resolution (Rs > 2). The polarity of Ezetimibe and Simvastatin differ greatly as Simvastatin is more lipophilic than Ezetimibe.

The sample retention increases with increased column length so a shorter column (50 x 4.6 mm i.d.5µm) was selected to have a shortest possible runtime not compromising on the resolution.

In order to identify a suitable organic modifier, various compositions of acetonitrile and methanol were tested. Methanol produced a high retention time for Simvastatin and high column pressures due to the high viscosity. Acetonitrile was found to display advantageous separations. Change of percentage of acetonitrile in the mobile phase brought about a great influence on retention time of the two drugs. When the acetonitrile content was lower than 50%, retention time of Simvastatin increased rapidly and when the acetonitrile content was higher than 60%, retention time for Ezetimibe dropped below the value of 0.5min.

Effects of the mobile phase pH on retention of the both drugs were investigated at pH values of 3, 4, 5, 6, and 7, respectively. It was found that the mobile phase pH had no effect on the retention of Simvastatin and Ezetimibe.

Finally separation for simultaneous determination of Ezetimibe and Simvastatin was carried out by isocratic elution using 55% acetonitrile with a flow rate of 0.8 mL per min. Under this separation condition, retention time were 0.80 for Ezetimibe and 3.3 for Simvastatin.

The above method is suitable routine pharmaceutical applications involving the analysis of Simvastatin and Ezetimibe. As shown in Table 1 retention time of each analyte was very reproducible with relative standard deviations between 0.1 and 0.2% (n = 6) for Ezetimibe and Simvastatin respectively. The peak area responses were also reproducible with relative standard deviations between 0.6 and 0.4% (n = 6) for Ezetimibe and Simvastatin respectively.

Method Validation

The above method was validated according to ICH and USP guidelines to establish the performance characteristics of a method (expressed in terms of analytical parameters) to meet the requirements for the intended application of the method.

System Suitability

In order to determine the adequate resolution and reproducibility of the proposed methodology, suitability parameters including retention time, resolution, asymmetry factor, %RSD of retention time and peak areas were investigated. The results are summarized in Table 1.

Parameter	Result		Accep-tance Criteria
	Ezeti-mibe	Simva-statin	
Tailing Factor	1.2	1.1	NMT 2.0
USP Resolution	NA	11.9	NLT 2.0
%RSD of Peak Area	0.6	0.4	NMT 2.0%
%RSD of retention time	0.01	0.02	NMT 2.0%

Specificity

The specificity of an analytical method may be defined as the ability to unequivocally determine the analyte in the presence of additional components such as impurities, degradation products and matrix. Specificity was evaluated by preparing the analytical

placebo and it was confirmed that the signal measured was caused only by the analytes.
A solution of analytical placebo (containing all the tablet excipients except Ezetimibe and Simvastatin was prepared according to the sample preparation procedure and injected. To identify the interference by these excipients, a mixture of inactive ingredients (placebo), standard solutions, and the commercial pharmaceutical preparations including Ezetimibe and Simvastatin were analyzed by the developed method The representative chromatograms did not show any other peaks, which confirmed the specificity of the method. (Fig. 3 and 4).

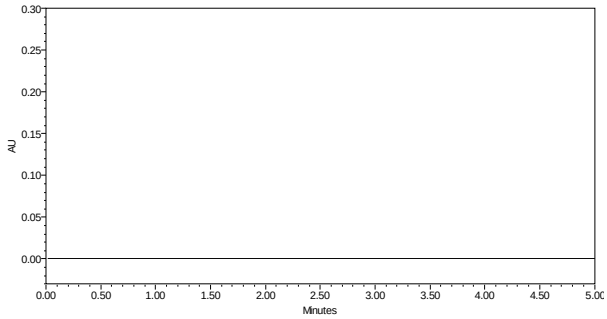

Figure 3: Chromatogram of Placebo

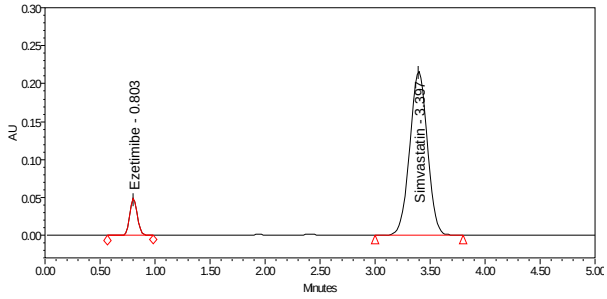

Figure 4: Chromatogram of Standard

Peak purity of Simvastatin and Ezetimibe were also evaluated for confirming the purity of the individual peaks of Simvastatn and Ezetimibe. The peak purity evaluation profiles of Simvastain and Ezetimibe were shown in Figure 5 and 6 and indicates that there were no interference from blank as the purity angle < purity threshold.

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 (amount) of analyte in the sample. Linearity of detector response for Simvastatin/Ezetimibe was established by analyzing serial dilutions of a stock solution of the working standard. Ten concentrations ranging from 50% to 150% of the test concentration were prepared and analyzed. The final concentration of each solution in µg per mL was plotted against peak area response. Slope, correlation coefficient (R) and intercept were found to be 25668.33, 0.9996and 1330.12 for ezetimibe, 30115.76, 0.99990 and 8078.14 for Simvastatin respectively. The linear graphs were shown in figure 7 and 8.

Precision:

The precision of an analytical procedure expresses the closeness of agreement (degree of scatter) between a series of measurements obtained from multiple sampling of the same homogeneous sample under the prescribed conditions. Precision may be considered at three levels: repeatability, intermediate precision and reproducibility.

Table 2: Assay report

Sample No.	Assay	
	Ezetime	Simvastatin
1	101.3	100.8
2	100.6	101.7
3	100.6	101.2
4	100.7	100.9
5	100.9	100.9
6	101.0	100.6
Mean ($\overline{X}$)	100.9	101.0
s	0.2739	0.3869
%RSD	0.3	0.4
Lower 95% CI	100.7	100.7
Upper 95% CI	101.1	101.3

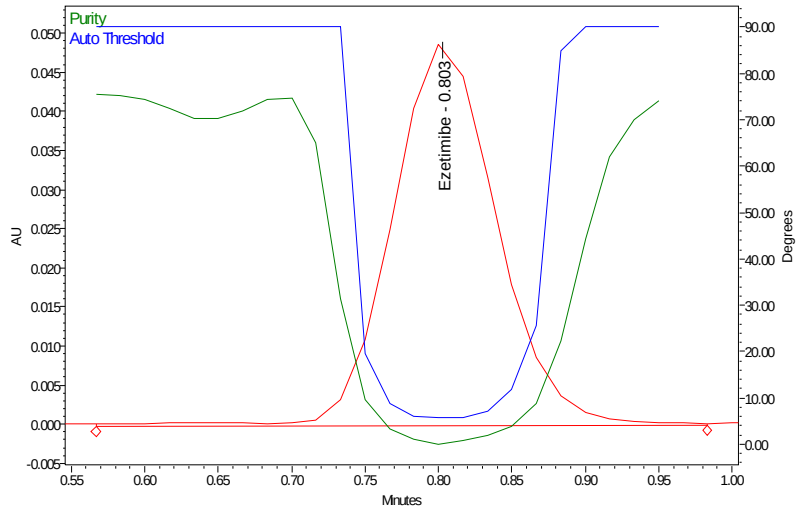

Figure 5: Peak Purity Plot of Standard Peak-Ezetimibe

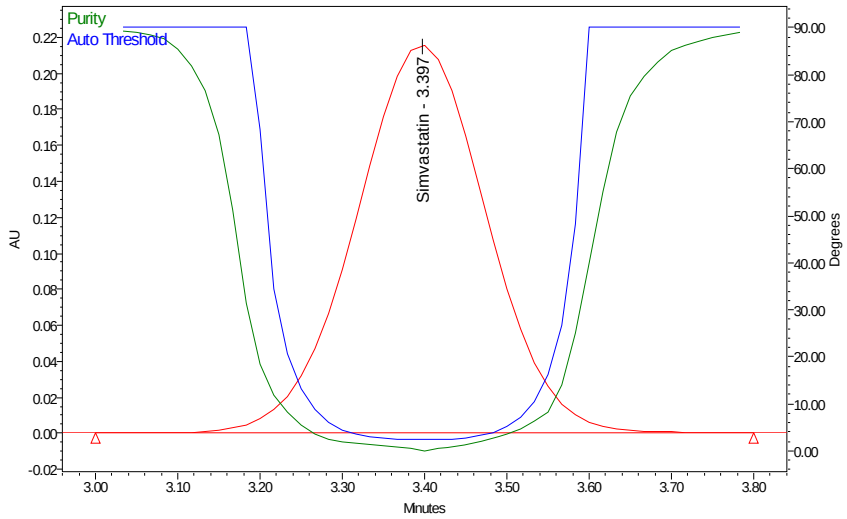

Figure 6: Peak Purity Plot of Standard Peak-Simvastatin

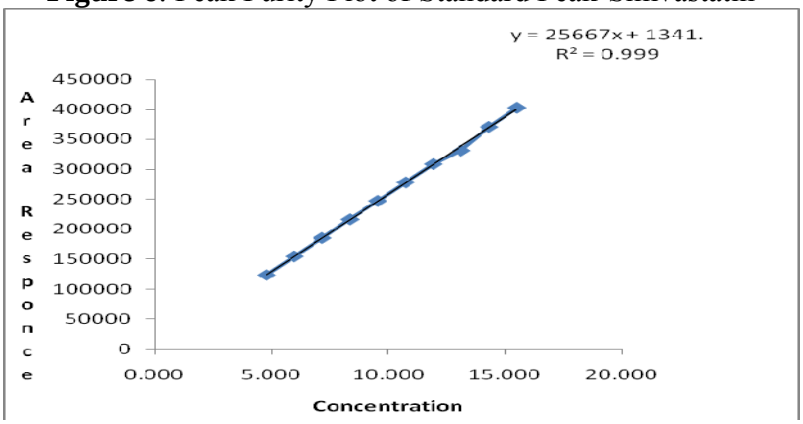

Figure 7. Linearity graph for Ezetimibe

Table 3 . Recovery-Ezetimibe

Sample No.	Spike Level	Amount Spiked, mg	Amount Recovered, mg	Percent Recovery	Mean Percent Recovery
1	50%	5.21	5.29	101.5	100.6
2		5.15	5.23	101.6	
3		5.15	5.25	101.9	
4		5.26	5.22	99.2	
5		5.23	5.253	100.4	
6		5.42	5.36	98.9	
1	75%	7.52	7.42	98.7	99.6
2		7.61	7.68	100.9	
3		7.82	7.75	99.1	
1	100%	10.23	10.31	100.8	99.6
2		10.29	10.18	98.9	
3		10.45	10.35	99.0	
1	125%	12.56	12.65	100.7	100.7
2		12.62	12.82	101.6	
3		12.83	12.82	99.9	
1	150%	15.21	15.41	101.3	100.7
2		15.26	15.32	100.4	
3		15.31	15.32	100.1	
4		15.25	15.36	100.7	
5		15.28	15.67	102.6	
6		15.31	15.21	99.3	

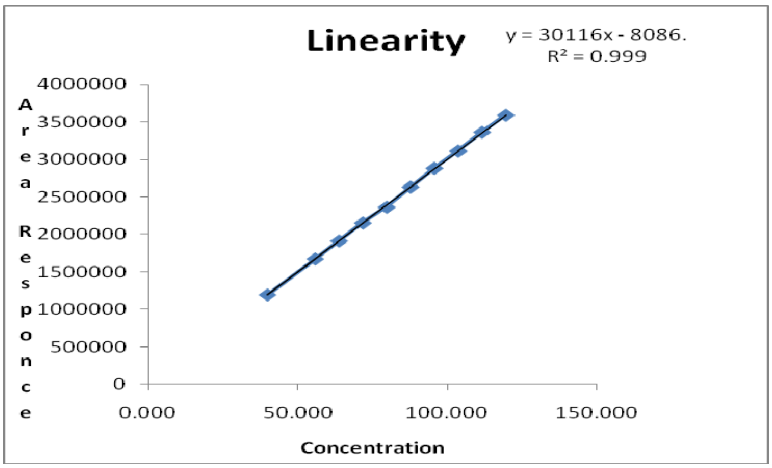

Figure 8. Linearity graph for Simvastatin

Six replicate samples were prepared and analyzed as per the sample preparation procedure. Assay of each replicate, the average of 6 replicates, its standard deviation, %RSD and the 95% confidence interval were calculated. . The results are shown in Table 2.

Table 4 . Recovery-Simvastatin

Sample No.	Spike Level	Amount Spiked, mg	Amount Recovered, mg	Percent Recovery	Mean Percent Recovery
1	50%	40.25	40.05	99.5	99.8
2		40.35	40.78	101.1	
3		41.26	41.02	99.4	
4		40.95	40.25	98.3	
5		39.25	39.05	99.5	
6		40.23	40.53	100.7	
1	75%	61.23	60.56	98.9	99.2
2		60.28	60.18	99.8	
3		61.18	60.56	99.0	
1	100%	80.26	80.58	100.4	100.1
2		80.24	80.32	100.1	
3		80.29	80.02	99.7	
1	125%	102.35	102.05	99.7	99.5
2		101.23	100.55	99.3	
3		100.92	100.32	99.4	
1	150%	120.26	120.06	99.8	99.4
2		120.35	120.14	99.8	
3		121.25	120.35	99.3	
4		121.36	120.85	99.6	
5		121.38	120.21	99.0	
6		120.89	119.38	98.8	

Accuracy:

The accuracy of an analytical procedure expresses the closeness of agreement between the value which is accepted either as a conventional true value or an accepted reference value and the value found.

Recovery study was performed at 50%, 75%, 100%, 125% and 150% of the target concentration by spiking placebo blend with the drug substance. Six replicates each were spiked at 50% & 150% levels, and 3 replicates each at 75%, 100% and 125% precision, accuracy and linearity. The results are shown in Table 5.

Robustness:

The robustness of an analytical procedure is a measure of its capacity to remain unaffected by small, but deliberate variations in method parameters and levels. Spiked samples were extracted and analyzed. The amount spiked, amount recovered, percent recovery and its mean were calculated. The results are shown in Table 3 and 4.

Range:

The range of an analytical procedure is the interval between the upper and lower concentration (amounts) of analyte in the sample (including these concentrations) for which it has been demonstrated that the analytical procedure has a suitable level of provides an indication of its reliability during normal usage. The variations like flow rate of mobile phase, column temperature, ratio of organic content in the mobile phase etc. does not have any significant effect on the method performance.

Table 5: Range

Parameter	Acceptance Criteria	Result	
		Ezetimibe	Simvastatin
Linearity	R ≥ 0.999	0.99915	0.99990
Precision	%RSD of 6 Replicates NMT 2.0%	0.3% to 0.5%	0.4% to 0.4%
Accuracy	Recovery 97.0% to 103.0%	99.6%-100.7%	99.2%-100.1%

CONCLUSIONS

A simple, rapid, cost effective and accurate RP-HPLC method was developed for the simultaneous determination of Simvastatin and Ezetimibe in pharmaceutical formulations by isocratic mode elution. The analytical conditions and the solvent system developed provided good resolution for Simvastatin and Ezetimibe within a short run time. The HPLC method was validated and demonstrated good linearity, precision, accuracy and specificity. Thus, the developed HPLC method can be utilized for routine analysis during the analysis of simvastatin and/or Ezetimibe.

Acknowledgments

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References

[1] Vanheek M, France C F and Compton D S, *Pharmacol Exp Ther*., 1997, **283**, 157.

[2] A. W. Alberts, J. Chen, G. Kuron, V. Hunt, J. Huff, C. Hoffman, J. Rothrock, M. Lopez, H. Joshua, E. Harris, A. Patchett, R. Monaghan, S. Currie, E. Stapley, G. Albers-Schonberg, O. Hensens, J. Hirshfield, K. Hoogsteen, J. Liesch, and J. Springer. *Proc. Nati. Acad. Sci. USA.* **77**, 3957 (1980)

[3] Lipka L, Kerzner B and Corbelli J, *Am J Cardiol.***,** 2003, **91**, 418.

[4] E. Leitersdorf. *Int. J. Clin.Pract.* **56(2)**, 116 (2002).

[5] M.Von Heek, C. Farley, D.S. Compton. *Br. J. Phamacol.* **134**, 409 (2001).

[6] Melani L, Mills R and Hassman D, *Eur Heart J*., 2003, **24,** 717.

[7] Vuletic M, Cindric M and Kouznjak J D, *J Pharm Biomed Anal.,* 2005, **37,** 715.

[8] Carlucci G, and Mazzeo P, *J Pharm Biomed Anal.,* 1992, **10**, 693.

[9] Ochiai H, Chiyama N K and Imagaki S, *J Chromatogr B,* 1997, **694**, 211.

[10] Wang L and Asgharnejad M*, J Pharm Biomed Anal*., 2000, **21**, 1243.

[11] Srinivasu M K, Narasaraju A and Omreddy G, *J Pharm Biomed Anal.,* 2002, **29**, 715.

[12] Yang H, Feng Y and Luan Y, *J Chromatogr B,* 2003, **785**, 369.

[13] Tokano T, and Abe S, *Biomed Environ Mass Spectrom*., 1990, **19**, 577.

[14] Sistla R, Tata V S S K and Diwan P V, *J Pharm Biomed Anal.*, 2005, **39**, 517.

[15] Oswald S, Scheuch E, Cascorbid I. and Siegmund W, *J Chromatogr B* , 2006, **830,** 143-150.