

# Development and Validation of Stability Indicating RP-HPLC Method for Simulteneous Estimation of Loteprednol Etabonate and Levofloxacin in Bulk Drug

Bhimani Bhavya Bipinbhai<sup>1</sup>, Dhirendra Kumar Tarai<sup>2</sup>

<sup>1</sup>M.Pharm Scholar, Department of Pharmaceutical Quality Assurance Noble Pharmacy College, Junagadh, Gujarat, India

<sup>2</sup>Department of Pharmaceutical Quality Assurance Noble Pharmacy College, Junagadh, Gujarat, India

#### ABSTRACT

To develop RP-HPLC method for simultaneous estimation of Loteprednoletabonate and levofloxacin in synthetic mixture. In HPLC method the retention time of loteprednol and levofloxacin was found to be 5.68 and 12.08 min, respectively. Linearity was observed in the concentration rang  $50-150\mu$ g/ml and  $5-15\mu$ g/ml with correlation coefficient of loteprednol and Levofloxacin (R2) 0.998 and (R2) 0.997, respectively. The Mean recovery were found to be in the range 99.72 - 100.47% and 99.68 - 100.87% respectively. A simple, precise, rapid, economic, specific and accurate stability indicating RP-HPLC method have been developed and validate for the simultaneous estimation of Loteprednol and Levofloxacin in its bulk drug. All method validation parameters lie within its acceptance criteria as per ICH Q2(R1) guideline. The developed method can be used for routine analysis of Loteprednol and Levofloxacin in bulk drug and in pharmaceutical dosage form.

Key Words: Loteprednol, levofloxacin, RP-HPLC

#### INTRODUCTION

#### EYEINFECTION

### Disease (eyeinfection)<sup>1-2</sup>

The human eye, which is constantly exposed to the external environment, is a unique organ serving as the window four body. Ocular disease with its complications, due to microorganisms, is a significant health problem worldwide particularly in the leastincome countries [1]. Ocular infections can damage the structure of the eye which canlead to reduced vision or even blindness if it is inappropriately diagnosed and treated. The most frequently affected parts of the eye due to microorganisms are the conjunctiva, eyelid, and cornea. Conjunctivitis, blepharitis, and macrocystis are considered the most common manifestations of external eye infections [2]. These pathogenic micro organisms include bacteria, fungi, viruses, and parasites.

#### Levofloxacin<sup>3</sup>

Levofloxacin is used to treat a variety of bacterial infections. This medication belongs to a class of drug knows a squinoloneanti-biotics. It works by stopping the growth of bacteria. This anti-biotic treats only bacterial infection. **Mechanism faction:** Inhibition of topoisomerase (DNA gyrase) enzymes, which inhibits relaxation of super coiled DNA and promotes breakage of double stranded DNA.

Use: Levofloxacin is used to treat bacterial infection.

#### Loteprednol Etabonate<sup>4</sup>

Loteprednol etabonate was introduced for the treatment of steroid responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea, and anteriorsegmentof theocular globe.

**Mechanism faction:** Loteprednol etabonate specifically induces phospholipase A2inhibitoryproteins(collectively called lipocortin's), which inhibit the release of arachidonic acid, there by inhibiting the biosynthesis of potentmediators of inflammation, such as prostaglandins and leukotrienes.



**Use**: This medication is used to treat certain eye conditions due to inflammation orinjury. It is also used after eye surgery. Loteprednol works by relieving symptoms such as swelling, redness, and itching. It belongsto aclassof drugsknown ascorticosteroids.

#### High Performance Liquid Chromatography12-14

The term chromatography meaning "color writing," was first discovered by Mikhail Tweet, a Russian botanist who separated plant pigments on chalk (CACO3) packed in glass columns in 1903. High pressure liquid chromatography was developed in the mid-1970's and quickly improved with the development of column packing materials and the additional convenience of online detectors. In the late 1970's, new methods including reverse phase liquid chromatography allowed for improved separation between very similar compounds. By the 1980's HPLC was commonly used for the separation of chemical compounds. Computers and automation added to the convenience of HPLC.

Liquid chromatography (LC) is a physical separation technique conducted in the liquid phase. Analyte is forced to flow through a column under high pressure. Then it is separated into its constituent components by distributing between the mobile phase (a flowing liquid) and a stationary phase (sorbents packed inside a column). Four major separation modes of HPLC are normal phase, reversed phase, ion exchange chromatography, and size exclusion chromatography (gel permeation and gel filtration chromatography.

#### MATIRIALS AND METHOD

#### Melting Point Determination of Loteprednol Etabonate and Levofloxacin: Melting point of Drugs

Sr. No.	APIs	Melting point (°C)		
		Reported	Measured	
1	Loteprednol Etabonate	220.5 to 223.5 °C	220-222°C	
2	Levofloxacin	225 to 227 °C	226-227°C	

#### **Identificationby FTIR Spectroscopy:**



IR Spectra of sample Levofloxacin IR Spectra of sample Loteprednol Etabonate IR Spectral interpretationofLevofloxacin

Sr	Functional Group	Frequency (cm <sup>-1</sup> )
No.		
1	-COOH	3265
2	-СН3	2931
3	C=0	1724
4	C-N	1294
5	F (halogen group)	1085



#### IR Spectral interpretation of Loteprednol Etabonate

Sr. No.	<b>Functional Group</b>	TheoreticalPeaks	PracticalPeaks
		$(cm^{-1})$	$(cm^{-1})$
1	C-H (stretch)	2800-2900	2853
2	C-N (stretch)	1000-1350	1137
3	N-H (stretch)	3100-3500	3363
4	C-O (stretch)	1300-1200	1215
5	C=O (stretch)	1600-1770	1623
6	C=C (stretch)	1475-1610	1503
7	C=Cl (stretch)	540-785	756

Solubility data of Loteprednol Etabonate and Levofloxacin Solubility Data

Solvent	Loteprednol Etabonate	Levofloxacin
Water	Freelysoluble	Freely soluble
0.1 N HCl	Slightlysoluble	Slightly soluble
0.1 N NaOH	Highlysoluble	Soluble
Methanol	Freelysoluble	Freelysoluble

Selection of Wavelength:



UV spectrum of Loteprednol Etabonate and Levofloxacin for detection of wavelength. Chromatography:



HPLC Chromatogram of Levofloxacin2 ppm and Loteprednol Etabonate50 ppm in Buffer (pH 5.0): Methanol (50:50) (Final)



Mobile Phase was selected based on the review of literature. Various mobile phases were tried. Trial contains various mobile phases which consisted of Methanol, Water, Phosphate Buffer in different proportions with various pH and different volumes at flow rate 1 ml/min were tried. On the basis of various trials the mixture of Buffer (pH 5.0) : Methanol (50:50)d

## 7.3 Stability Indicating Method for Simultaneous Estimation of Levofloxacinand Loteprednol Etabonate done by RP-HPLC



## Loteprednol Etabonate and Levofloxacin Loteprednol Etabonate and Levofloxacin sample Standard for stability

#### Fored Degradation:

#### Acid degradation

Acid decomposition studies were performed by Refluxing 1 ml of stock solution was transferred in to 10 ml of volumetric flask. 2 ml of 0.1 N Hydrochloride solutions was added and mixed well and put for 5 hrs at 70 °C 250 ml roundBottom flask. After time period the content was cooled to RT. Then the volume was adjusted with diluent to get 50  $\mu$ g/ml for Loteprednol Etabonate and 2  $\mu$ g/ml for Levofloxacin.

#### **Base degradation**

Basic decomposition studies were performed by refluxing 1 ml of stock solution was transferred in to 10 ml of volumetric flask. 2 ml of 0.1 N NaOH solutions was added and mixed well and put for 6 hrs at 70 °C 250 ml round bottom flask. After time period the content was cooled to RT. Then the volume was adjusted with diluent to get 50  $\mu$ g/ml for Loteprednol Etabonate and 2 $\mu$ g/ml for Levofloxacin.



#### **Acid Degradation Blank**

**Base Degradation Blank** 



Levofloxacin Acid Degradation Standard Levofloxacin Base Degradation Standard





Loteprednol Etabonate Acid Degradation Loteprednol Etabonate Base Degradation Standard Standard



Loteprednol Etabonate and Levofloxacin Loteprednol Etabonate and Levofloxacin Acid Degradation Sample Base Degradation Sample Calculation for Stability

Drugs	Area
LoteprednolEtabonate	4936.824
Levofloxacin	844.565

Loteprednol Etabonate and Levofloxacin for stability

Parameter	Sample		
	Area	%Degradation	
Acid	603.711	28.52	
Base	587.895	30.39	
Oxidation	630.229	25.38	
Photo	686.227	18.75	
Thermal	593.39	29.74	

#### Levofloxacin % Degradation

Parameter	Sample		
	Area	%Degradation	
Acid	4091.43	17.12425	
Base	3895.506	21.09287	
Oxidation	3410.381	30.91953	
Photo	3854.245	21.92865	
Thermal	4128.013	16.38323	

Loteprednol Etabonate% Degradation

Validation of RP-HPLC Method: Levofloxacinstandard stock solution: (20 µg/mL)



A 2 mg of HBB was weighed and transferred to a 100 mL volumetric flask. Volume was made up to the mark with mobile phase.

#### LoteprednolEtabonate standard stock solution: (500 µg/mL)

A 50 mg of Loteprednol Etabonate was weighed and transferred to a 100 mL volumetric flask. Volume was made up to the mark with mobile phase. Take 10ml from this solution and Transfer to 100ml volumetric flask and made up the Volume with the Mobile phase

#### Specificity:



Chromatogram of Levofloxacin and LoteprednolEtabonate Standard for Specificity



Chromatogram of Levofloxacin and Loteprednol Etabonate sample for Specificity



Chromatogram of Levofloxacinand LoteprednolEtabonateBlank for specificity

Linearity and range:

Sr.No	Concentration (μg/ml)	Peak Area	
-------	--------------------------	-----------	--



1	1	430.105
2	1.5	621.961
3	2	847.982
4	2.5	1040.391
5	3	1273.655

Linearity data for Levofloxacin

Sr.No	Concentration (µg/ml)	Peak Area
1	25	2517.111
2	37.5	3636.106
3	50	4923.711
4	62.5	6082.409
5	75	7446.404

#### Linearity data for LoteprednolEtabonate



Overlay chromatogram of different concentrations of mixtures of LoteprednolEtabonate and Levofloxacinfor linearity



Calibration Curve of Levofloxacin(1-3 µg/ml)





Calibration Curve of LoteprednolEtabonate (25-75 µg/ml).

#### Precision

#### I. Repeatability

The data for repeatability of peak area measurement for LoteprednolEtabonate(50  $\mu$ g/ml) and Levofloxacin (2  $\mu$ g/ml) based on six measurements of same solution of LoteprednolEtabonate (50  $\mu$ g/ml) and Levofloxacin (2  $\mu$ g/ml). The % RSD for LoteprednolEtabonateand Levofloxacin was found to be 0.5280 and 0.3739 respectively.

Levofloxacin				
Sr No.	Conc. (µg/ml)	Area	Mean ± S.D (n=6)	% R.S.D
		847.956		
1.	2	847.155	849.9733±3.1788	0.3739
		853.119		
		848.838		
		854.802		
		847.97		

#### Repeatability data for Levofloxacin

LoteprednolEtabonate					
Sr No.	Conc (µg/ml)	Area	Mean $\pm$ S.D (n=6)	% R.S.D	
		4956.633			
1.	50	4951.608	4962.454 ±26.202	0.5280	
		4986.296			
		4961.373			
		4996.102			
		4922.712			

**Repeatability data for LoteprednolEtabonate** 



#### II. Intraday precision

Standard solution containing (1, 2, 3  $\mu$ g/ml) of Levofloxacinand (25,50,75  $\mu$ g/ml) of Levofloxacin were analysed three times on the same day and % R.S.D was calculated.

	Levofloxacin					
SR. NO.	Conc. (µg/ml)	Area Mean ± S.D. (n=3)	% R.S.D			
1	1	424.703 ± 1.0822	0.254			
2	2	856.778± 3.470	0.405			
3	3	1272.3913± 5.2716	0.414			

Intraday precision data for estimation of Levofloxacin

	LoteprednolEtabonate					
SR. NO.	Conc. (µg/ml)	Area Mean ± S.D. (n=3)	% R.S.D			
1	25	2482.292 ± 3.732	0.150			
2	50	5000.660 ± 28.846	0.576			
3	75	7438.857 ± 30.996	0.416			

Intraday precision data for estimation of LoteprednolEtabonate

#### **III. Interday precision**

Standard solution containing  $(1,2,3 \ \mu g/ml)$  of Levofloxacinand  $(25,50,75 \ \mu g/ml)$  of LoteprednolEtabonatewere analysed three times on the different day and % R.S.D was calculated

	Levofloxacin					
SR. NO.	Conc. (µg/ml)	Area Mean ± S.D. (n=3)	% R.S.D			
1	1	421.478 ± 3.597	0.8535			
2	2	849.944± 7.245	0.8524			
3	3	1278.5± 5.597	0.4377			

Interday precision data for estimation of Levofloxacin.

	LoteprednolEtabonate				
SR. NO.	Conc. (µg/ml)	Area Mean ± S.D. (n=3)	% R.S.D		
1	25	2460.137 ± 31.437	1.2778		
2	50	4955.970 ± 61.494	1.2408		
3	75	7470.511 ± 37.322	0.4995		

Interday precision data for estimation of LoteprednolEtabonate

#### Accuracy:

#### For LoteprednolEtabonate

 $50 \ \mu g/ml$  drug solutions were taken in three different flask label A, B and C. Spiked 80%, 100%, 120% of standard solution in it and diluted up to 10ml. The area of each solution peak was measured at 220 nm. The amount ofLoteprednolEtabonatewas calculated at each level and % recoveries were computed.

#### For Levofloxacin

 $2 \mu g/ml$  drug solution was taken in three different flask label A, B and C. Spiked 80%, 100%, 120% of standard solution in it and diluted up to 10ml. The area of each solution peak was measured at 243 nm. The amount of Levofloxacin was calculated at each level and % recoveries were computed.



SR. NO.	Conc. Level (%)	Sample amount (µg/ml)	Amount Added (µg/ml)	Amount recovered (µg/ml)	% Recovery	% Mean Recovery ± S.D
1		1	0.8	0.8075	100.944	
2	80 %	1	0.8	0.7985	99.8235	$100.571 \pm 0.6478$
3		1	0.8	0.8075	100.946	
4		1	1	1.0011	100.111	
5	100 %	1	1	1.0031	100.318	$100.325 \pm 0.2179$
6		1	1	1.0054	100.547	
7	120 %	1	1.2	1.1981	99.847	
8		1	1.2	1.1942	99.523	$99.985 \pm 0.5446$
9		1	1.2	1.2070	100.586	

**Recovery data for Levofloxacin** 

SR. NO.	Conc. Level (%)	Sample Amount	Amount Added	Amount recovered (µg/ml)	% Recovery	% Mean Recovery ± S.D
1		25	20	20.1361	100.680	
2	80 %	25	20	19.5371	97.6859	$99.6788 \pm 1.7258$
3		25	20	20.1339	100.6696	
4		25	25	24.9699	99.8797	
5	100 %	25	25	25.0185	100.0743	$100.5386 \pm 0.977$
6		25	25	25.4154	101.6616	
7	120 %	25	30	29.8913	99.6378	
8		25	30	29.6298	99.7663	$99.5888 \pm 0.799$
9		25	30	30.1087	100.3623	

**Recovery data for Loteprednol Etabonate** 

### LOD and LOQ:

Limit of Detection:

Levofloxacin	LoteprednolEtabonate
LOD = 3.3 x (SD / Slope)	LOD = 3.3 x (SD / Slope)
= 3.3 x (12.4693 /421.38)	= 3.3 x (71.0611/98.42)
= 0.0976µg/ml	= 2.382 µg/ml

Limit of Detection data for Levofloxacin and Loteprednol Etabonate



#### Limit of Quantitation:

Levofloxacin	Loteprednol Etabonate
LOQ = 10 x (SD / Slope)	LOQ = 10 x (SD / Slope)
= 10 x (12.4693/421.38)	= 10 x ((71.0611/98.42)
= 0.295µg/ml	= 7.220µg/ml

#### Limit of Quantitation data for Levofloxacin and Loteprednol Etabonate

#### **Robustness:**

1. Flow rate of mobile phase was changed ( $\pm$  0.2 ml/min) 0.8 ml/min and 1.2 ml/min.

2. pH of Mobile phase was changed  $(\pm 0.2)$  5.2 and 4.8.

3. Ratio of Mobile phase was changed (±2) Buffer: Methanol (52:48) and Buffer: Methanol (48:52)

SR NO.	Area at Flow rate (+ 0.2 ml/min)	Area at Flow rate (- 0.2 ml/min)	Area at pH (+0.2)	Area at pH (-0.2)	Area at Mobile phase(+2)	Area at Mobile phase(-2)
1	2282.685	878.606	855.633	868.529	840.382	860.79
2	2354.415	875.087	859.95	868.557	843.762	848.87
3	2368.847	872.713	853.941	869.428	849.686	859.08
% R.S.D	1.9760	0.3386	0.3617	0.05883	0.5576	0.7525

Robustness data for Levofloxacin.

SR NO.	Area at Flow rate (+ 0.2 ml/min)	Area at Flow rate (- 0.2 ml/min)	Area at pH (+ 0.2)	Area at pH (- 0.2)	Area at Mobile phase (+2)	Area at Mobile phase (-2)
1	3333.63	5136.09	5001.41	5076.64	4912.14	5031.40
2	3282.56	5115.49	5001.07	5042.38	4909.36	5021.29
3	3374.72	5115.45	4991.10	5081.61	4966.24	5021.23
% R.S.D	1.3863	0.2323	0.1171	0.4215	0.6505	0.1165

**Robustness data for LoteprednolEtabonate** 

#### REFERENCES

- [1]. Watson SL, Paulin K and Maria C, "Common eye infections", June 2018,
- [2]. https://www.nps.org.au/australian-prescriber/articles/common-eye-infections
- [3]. Lowth Mary, "infective conjunctivitis". Feb 2017,
- [4]. https://patient.info/doctor/infective-conjunctivitis-pro
- [5]. Suzuki T, "The antibacterial activity of levofloxacin eye drops against
- [6]. S.cocci using an in vitro pharmacokinetic model." J. Infect. Chemother. 2016, 22(6),360.
- [7]. Beckman K, "loteprednoletabonate for the treatment of dry eye disease", September 2020,
- [8]. https://pubmed.ncbi.nlm.nih.gov/32391735/
- [9]. Sharma BK. Instrumental methods of chemical analysis, 7th Edn; Goel. Publishing House, Meerut, 2000, pp 1.
- [10]. David CL., and Michael LW. Pharmaceutical analysis; 6th Edn; Black well publishing, London, 1994, pp 2.
- [11]. Chatten LG, Pharmaceutical chemistry; 2th Edn; Vol. II, Marcel Dekker Inc, New York, 1996, pp23.
- [12]. Beckett AH., and Stenlake JB. Practical pharmaceutical chemistry, Vol. II, CBS publisher and distributors, New Delhi, 1986, pp 13.
- [13]. Ashish C, Bharti M, and Priyanka C. "Analytical method development and validation." J. Anal. Bioanal. Tech. 2015, 6(1), 233-238.



- [14]. Rajani P, Muthukumaran M, and Krishnamoorthy B. "A review on analytical method development and validation of pharmaceutical technology." March 2013.
- [15]. https://www.pharmatutor.org/articles/review-on-analytical-method-development-and-validation-of-pharmaceutical-technology
- [16]. Massom RS, Zei A A, and Nafisur R. "Analytical techniques in pharmaceutical analysis." Arabian J Chem. 2013, April; pp 1.
- [17]. Michel W, and Sons. "Modern HPLC for practicing scientists." Wiley Interscience publication, New Jersey 2006, pp 15-18.
- [18]. Yuri K, and Rosario L. "HPLC for pharmaceutical scientists." Wiley interescience publication, New Jersey 2007, pp.11-20
- [19]. Vibha G, Ajay DK, and Kapil, "Development and validation of HPLC method." Int Res J Pharm App Sci. 2012,2(4), 1725
- [20]. Thompson M, ellison SLR, wood R. "Harmonized guidelines for single laboratory validation of method of analysis." J. Pure and Applied Chemistry. 2009, 74, 835-855.
- [21]. Shabir G A, lough W J, arian S A, bradshaw T K. "Evaluation and application of best practice in analytical method validation". J chromatogr. 2007, 311.
- [22]. Ravi S "text book of pharmaceutical analysis." 4th edition. Rx publications, Tirunelveli 2012, pp15-18.
- [23]. FDA, "guidance for industry; analytical procedures and methods validation (draft guidance), food & drug administration," rockville, US department of health and human services, 2000.
- [24]. Kenneth.AC "textbook of pharmaceutical analysis." 3rd Edn; wiley-interscience publication, New Jersey, 2002, pp173-214.
- [25]. ICH guideline Q7 (good manufacturing practice guide for active pharmaceutical ingredients) november 2012.
- [26]. Jack C. "analytical instrumentation handbook." marcel dekker publishers. Newyork, 2005, 996-1012.
- [27]. Sharma A, saini S; "process validation of solid dosage form." International journal of research in pharmacy and science, 2013, 3(2), 12-30.
- [28]. Quantity assurance pharmaceutical (A compendium of guidelines and related materials). 1997, Vol 2, WHO, 119-124.
- [29]. Harpreet K, Gurpreet S, "pharmaceutical process validation." J. Drug dilevery and Therapeutics. 2013, 3(4), 189-194.
- [30]. Kavita, Gaurav K, Sandeep C, "process validation of solid dosage form" Pharma science monitor, an international journal of pharmaceutical sciences, September 2013, 4 (4), 390.
- [31]. Dhruvi AS, Shreeraj S and kaushika P "innovation in ocular drug delivery system" world journal of pharmaceutical research 2018, 7(1), 389.
- [32]. Indian pharmacopoeia, volume-2, "indian pharmacopoeia commission", 2010, pp 1580.
- [33]. Martin JC, Heleen HD and Stephen SL, "Development of a non- settling gel formulation of 0.5% loteprednoletabonate for anti- inflammatory use as an ophthalmic drop". Clinical Ophthalmology 2013, 7, 299.
- [34]. Yong KH and adriana IS. "A validated specific stability-indicating RP-HPLC assay method for the determination of loteprednoletabonate in eye drops" journal of chromatographic science 2015, 53, 761.
- [35]. Mahmoud AK "a retrospective analysis of the use of loteprednoletabonate ophthalmic suspension 0.5% following canaloplasty". Clinical Ophthalmology 2018, 319.
- [36]. Sandip S, Parmeshwari M and Shweta B. "developed and validated q-absorption ratio method for the simultaneous estimation of loteprednoletabonate and moxifloxacin HCL in the pharmaceutical dosage form" international journal of pharmaceutical research & development 2013, 5(3), 108.