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Stability Indicating RP- HPLC Method for the Determination of Niacin and Lovastatin In Bulk Drug and Tablet Formulation

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ABSTRACT

A new simple, rapid, precise, accurate and specific stability indicating method has been developed for the simultaneous estimation of Niacin (NIA) and Lovastatin (LOVA) in tablet dosage form. A chromatographic column used for separation was (250*4.6mm i.d., 5 mm) C₁₈ (Hyperchrome ODS-BP).The mobile phase was 0.02M Disodium hydrogen Phosphate buffer:Acetonitrile (75:25, pH-5) and UV detection of effluent at 237nm.The flow rate was 1ml/min. The retention times of Niacin and Lovastatin were 3.29 min and 4.75 min, respectively. The range of Linearity for Niacin and Lovastatin were 125-325µg/ml and 5-25 µg/ml respectively. The recoveries of Niacin and Lovastatin were found to be in the range of 99.91-100.42 % and 100.03-100.41% respectively. The optimized RP-HPLC method proved to be specific, accurate and robust for the estimation of Niacin and Lovastatin in tablet dosage form. Stability testing study includes the acid hydrolysis, base hydrolysis, oxidation, thermal degradation, and photolysis.

Keywords: Niacin, Lovastatin, RP-HPLC Method

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INTRODUCTION

Hyperlipidemia is an excess of fatty substances called lipids, largely cholesterol and triglycerides, in the blood. It is also called hyperlipoproteinemia. Hyperlipidemia, in general, can be divided into two subcategories: Hypercholesterolemia in which there is a high level of cholesterol. Hypertriglyceridemia in which there is a high level of triglycerides, the most common form of fat. Millions of patients worldwide now receive statins for hypercholesterolemia. Inhibitors of 3-hydroxy-3-methylglutaryl coenzyme A (HMGCoA) reductase enzyme and reduce plasma LDL. Statin is main group of drugs which is used for the treatment of hypercholesterolemia.

Niacin is chemically 3-pyridinecarboxylic acid. Niacin, a B vitamin, has long been used to increase high-density lipoprotein (HDL), or the "good," cholesterol. HDL cholesterol helps sweep up low-density lipoprotein (LDL), or the "bad," cholesterol, in bloodstream. The ability of nicotinic acid to strongly increase the plasma concentration of high-density lipoprotein (HDL) cholesterol has in recent years led to an increased interest in the pharmacological potential of nicotinic acid. There is increasing evidence that nicotinic acid alone or in addition to LDL cholesterol-lowering drugs can reduce the progression of atherosclerosis and reduce the risk of cardiovascular events.

Lovastatin is chemically [1 S⁻-[1 α (R*),3 α ,7 β ,8 β (2 S*,4 S*), 8 $\alpha\beta$]]-1,2,3,7,8,8a-hexahydro-3,7-dimethyl-8-[2-(tetrahydro-4-hydroxy-6-oxo-2H-pyran-2-yl)ethyl]-1-naphthalenyl 2-methylbutanoate. Lovastatin is a lactone that is readily hydrolyzed in vivo to the corresponding β -hydroxyacid, a potent inhibitor of HMG-CoA reductase, the enzyme that catalyzes the conversion of HMG-CoA to mevalonate. The conversion of HMG-CoA to mevalonate is an early and rate limiting step in the biosynthetic pathway for cholesterol.

A thorough literature survey revealed that numerous analytical methods such as LC-MS/MS analytical method for estimation of Niacin in human plasma, capillary electrophoresis and high performance liquid chromatography: acid extraction method for estimation of Niacin in food. Analytical methods reported for quantitative determination of Niacin in combination with other drugs in pharmaceutical formulations are Spectrophotometry, HPLC, Stability indicating HPLC, HPTLC, liquid chromatographic tandem mass spectrometric. Some methods reported for the estimation of Lovastatin alone include reverse phase HPLC, HPLC stability-indicating method. Many analytical methods for Lovastatin in combination with other drugs including spectroscopic, HPLC-UV, liquid chromatography–electrospray ionization tandem mass

spectrometry, Liquid Chromatographic Method in Human plasma. Simultaneous determination of lovastatin and niacin in tablet by first and third derivative Spectrophotometry. In present article, reversed phase HPLC-Stability Indicating method was developed for the separation of Niacin and Lovastatin in tablet dosage form.

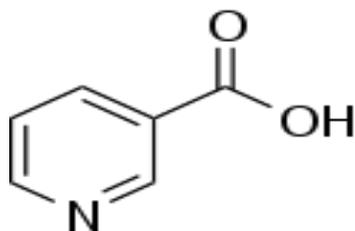


Figure.1: Chemical structure of Niacin

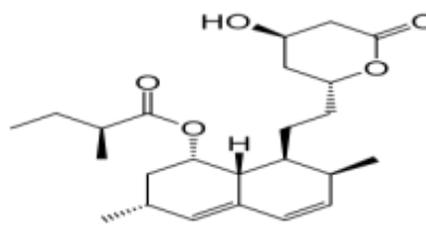


Figure.2: Chemical structure of Lovastatin

MATERIALS AND METHODS

Chemicals and Reagents

Niacin as a free gift sample was obtained from Vihita Chem Private Ltd, Ankleshwar and Lovastatin as a gift sample was obtained from Sterling Biotech Ltd, Vadodara. Marketed formulation having brand name Advicor [Niacin (500 mg) and Lovastatin (20 mg)] were procured from local market. HPLC grade Acetonitrile, Water and Methanol (RFCL Ltd., New Delhi) used. Di Sodium Hydrogen phosphate and Orthophosphoric acid (OPA) were of AR grade.

Buffer preparation

Disodium hydrogen phosphate (0.02M) was weighed 2.81gm and taken into a 1000 ml volumetric flask, 800 ml water was added and dissolved. The pH 5.0 was adjusted with (1%) Orthophosphoric acid. Finally Volume was adjusted to 1000ml with water. It was filtered through 0.45 μ m nylon membrane filter and degassed.

METHOD

Wavelength detection

Accurately weighed 250mg Niacin and 10 mg of Lovastatin in 100 ml volumetric flask, diluted up to the mark with 100 ml of Acetonitrile, sonicated for 5 min and filtered through 0.45 μ m nylon membrane filter. Pipette out 1 mL of the above solution and dilute to 10 mL with Acetonitrile in 10 mL volumetric flask and scanned between 200-400 nm by UV spectroscopy (Figure. 3).

Chromatographic conditions

The drug shows good absorbance at 237nm, which was selected as wavelength for further analysis at a Flow rate of 1mL/min and run time was 10 min. The injection volume was 20 μ L

for estimation.

Standard preparation

Accurately weighed 250 mg of Niacin and 10 mg of Lovastatin and transferred into a 100 mL volumetric flask and make up to the volume with diluent. Pipette out 1 ml of the above solution is diluted 10 ml with mobile phase to get the final concentration of 250 µg/ml of Niacin and 10 µg/ml. A representative chromatogram of the standard was shown in Figure.4.

Sample preparation

Twenty tablets were weighed and powdered. The tablet powder equivalent to 500 mg of Niacin and 20 mg of Lovastatin was transferred in to a 100 ml volumetric flask, dissolved and diluted up to mark with solvent mixture Mobile phase. The solution was sonicating for 5 minutes. The solution was filtered through Whatman filter paper no. 41 and first few drops of filtrate were discarded. An aliquot of 5 ml of this solution was diluted to 100ml with Mobile phase. The resulting solution contained 250 (µg/ml) Niacin and 10 (µg/ml) lovastatin. A representative chromatogram of the sample was shown in the Figure.5 and Table 1.

Evaluation of System Suitability

System Suitability was performed by injecting five replicate injections of standard solutions of Niacin and Lovastatin at 100% & measured retention time, theoretical plates and tailing factor. The column efficiency was determined was found to be more than 2000 USP plate count, USP Tailing for the same peak is not more than 2.0 and % RSD of six injection of the standard solution is not more than 2.0%. The chromatogram was shown in Fig. 6 and Table 2.

ANALYTICAL METHOD VALIDATION (ICH, 2005)

Specificity

Placebo solution was prepared and injected in to the HPLC system following the test conditions; the chromatogram was recorded and measure the responses of the peaks. They were noted for any interference of the excipient at the retention time of drugs. (Figure.7).

Linearity

The linearity of the HPLC method was established for Niacin and Lovastatin solutions ranging from 125-625 µg/ml for Niacin and 5-25 µg/ml for Lovastatin. The values obtained for the correlation coefficients were 0.9999 for NIA and 0.9991 for LOVA,

Accuracy

The percentage Recovery studies were carried out at three different levels of 80%, 100% and 120% of standard solution in triplicate in each level. Known amounts of standard solutions of NIA (200, 250 and 300µg/ml) and LOVA (8, 10 and 12 µg/ml) were added to prequantified

sample solutions of tablet dosage forms. The percentage recoveries of Niacin and Lovastatin for RP-HPLC method was in the range of 99.91-100.42% and 100.03-100.41% respectively. (Figure 8 and Table 3).

Precision

Precision was measured in terms of repeatability of application and measurement. Repeatability of standard application (system precision) was carried out using six replicates of the sample injection (100 µg/ml). Repeatability of sample measurement (method precision) was carried out in six different sample preparations from the same homogenous blend of the marketed sample (100 µg/ml). The percentage RSD for repeatability of standard preparation was 1.16 % whereas the %RSD for repeatability of the sample preparation was 0.02 %. This shows that the precision of the method is satisfactory as percentage RSD is not more than 2 % the chromatogram was shown in (Figure.9, 10 and Table 4).

Robustness

The robustness of the proposed method was determined by analysis of aliquots from homogenous lots by differing physical parameters like flow rate and wave length which may differ but their responses were still within the specified limits. (Table 5).

Limit of detection (LOD) and Limit of quantification (LOQ)

LOD values for NIA and LOVA were found to be 4.67 µg/mL and 0.46 µg/mL, respectively. LOQ values for NIA and LOVA were found to be 15.62 µg/mL and 1.54 µg/mL, respectively. These data showed that the method was sensitive enough for the determination of NIA and LOVA. (Table 6).

Forced Degradation study of NIA & LOVA

Niacin (250mg) and Lovastatin (10mg) were accurately weighed and transferred to a separate 100 ml volumetric flask, dissolved in sufficient quantity of mobile phase buffer (0.02M Na₂HPO₄, pH 5.0). **Acetonitrile** (75:25v/v) and then diluted to the mark with Mobile phase. (The solution contains 2500 µg/ml of Niacin and 100 µg/ml of Lovastatin). The final solution was labeled as Standard Solutions for Degradation. Twenty tablets were weighed and powdered. The tablet powder equivalent to 500 mg of Niacin and 20 mg of Lovastatin was transferred to a 100 ml volumetric flask, dissolved and diluted up to mark with solvent mixture Mobile phase. The solution was sonicated for 5 minutes. The solution was filtered through Whatman filter paper no. 41 and first few drops of filtrate were discarded. An aliquot (5 ml of this solution) was diluted to 100ml with Mobile phase. The resulting solution contained 250 (µg/ml) Niacin and 10 (µg/ml) lovastatin.

Acidic Hydrolysis-

1 ml of forced degradation standard stock solution and sample solution were transferred in to 10 ml of volumetric flask. 2 ml of 0.1 M HCl solution was added and mixed well. The volumetric flasks were refluxed at 70°C for 2 hrs. After time period the content was cooled to ambient temperature. The above solutions were neutralized with 2 ml of 0.1 M NaOH solution and then diluted the volume with diluents. (Table.7).

Base degradation:

1 ml of forced degradation standard stock solution and sample solution were transferred in to separate 10 ml of volumetric flasks. 2 ml of 0.1 M NaOH solution was added and mixed well. The volumetric flasks were refluxed at 70°C for 2 hrs. After time period the content was cooled to ambient temperature. The above solution was neutralized with 2 ml of 0.1 M HCL solution and then diluted the volume with diluents. (Table.8)

Oxidation Degradation

1 ml of forced degradation standard stock solution and sample solution were transferred in to separate 10 ml of volumetric flasks. 2 ml 3% H₂O₂ was added and refluxed the volumetric flasks for 2 hrs at 70°C, after time period content was cooled to ambient temperature and diluted to volume with diluents. (Table.9)

Thermal Degradation

1 ml of forced degradation standard stock solution and sample solution were transferred in to separate 10 ml of volumetric flasks. The volumetric flasks were stored in oven at 105°C for 2 hrs. After time period the content was cooled to ambient temperature and diluted to volume with diluents. (Table.10)

Photo degradation

1 ml of forced degradation standard stock solution and sample solution were transferred in to separate 10 ml of volumetric flasks and exposed to Sun light for 2 hrs. (Table.11)

RESULTS AND DISCUSSION

For conventional determination of Nia and IOVA several Mobile phase composition were tried. most efficient resolution and peak symmetry for Niacin and Lovastatin were achieved with the mobile phase composed of 0.02mM Disodium Hydrogen phosphate buffer (Na₂HPO₄) pH5.0:Acetonitrile (75:25,v/v). Quantification of the drugs was performed at 237 nm using chromatographic conditions like Hyperchrome ODS-BP(250*4.6mm) C18 Column, 1ml/min flow rate, 20 10 µL injection, 10 min run time.

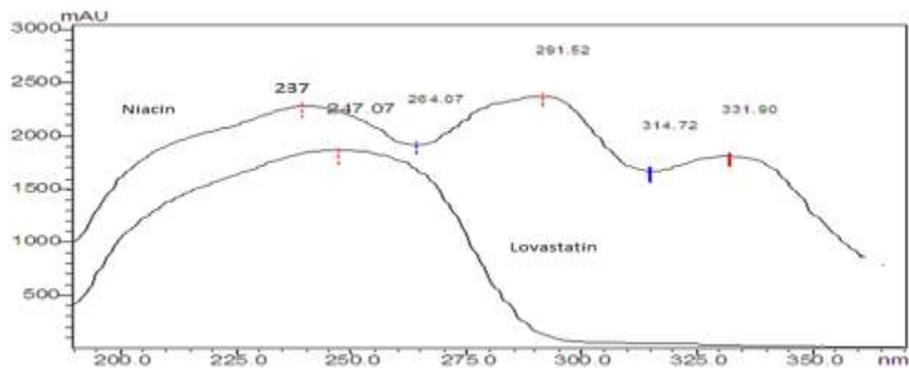


Figure. 3: UV Absorbance spectra

Retention time for NIA and LOVA were 3.260 and 4.707 respectively. The results of the system suitability tests assure the adequacy of the proposed HPLC Method for routine analysis of NIA and LOVA. Figure. 6 and Table 2. The instrumental precision gave 0.375 and 0.674 %RSD for NIA and LOVA respectively. Specificity of the method was checked by injecting the placebo solution, no peaks were found at the retention time of NIA and LOVA.

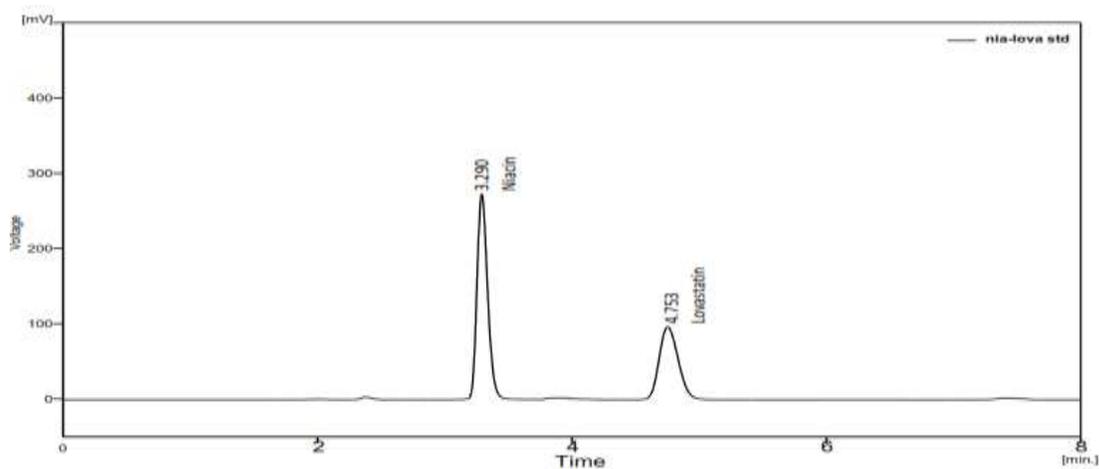


Figure.4: Standard chromatogram

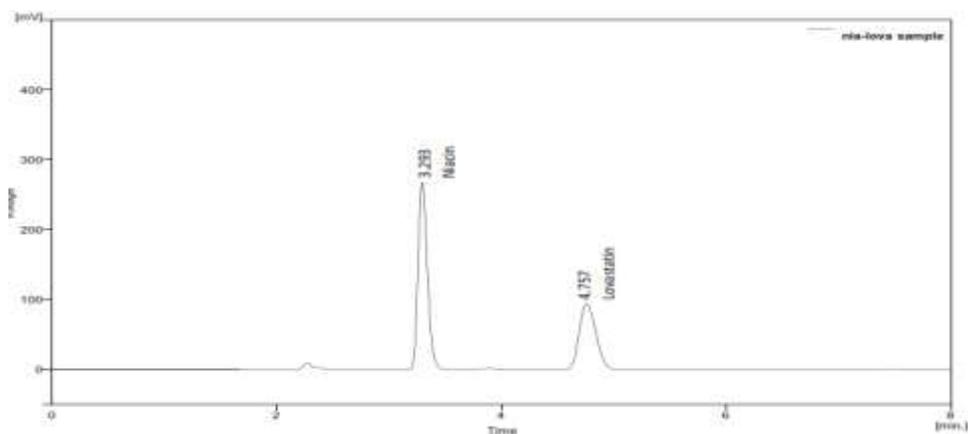
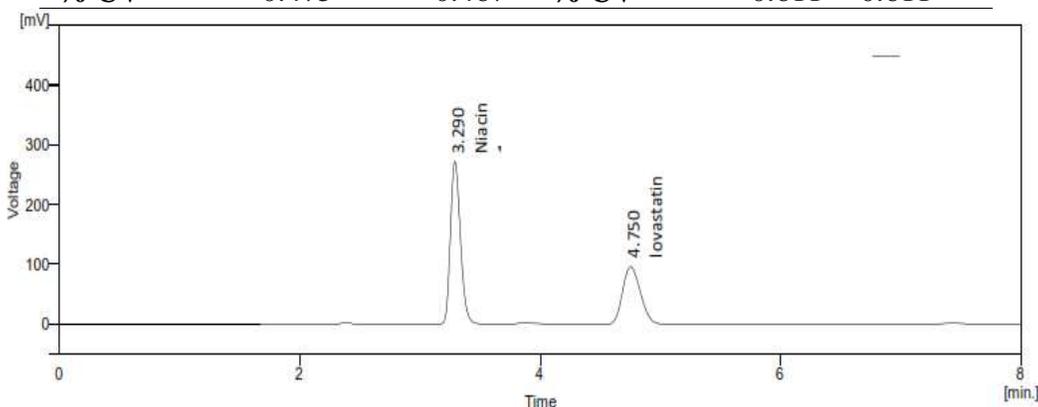


Figure.5: Test chromatogram

Table 1: Analysis of marketed formulations

| Niacin | | | Lovastatin | | |
|---------------------------|------------------|-----------------|---------------------------|------------------|----------------|
| Labelled Claim(mg) | Amt found | % Purity | Labelled Claim(mg) | Amt found | %Purity |
| 500 | 493 | 98.68 | 20 | 19.85 | 99.25 |
| | 497.2 | 99.44 | | 19.98 | 99.9 |
| | 491 | 98.2 | | 19.74 | 98.7 |
| | 495.4 | 99.08 | | 19.78 | 98.9 |
| | 494.3 | 98.85 | | 19.66 | 98.3 |
| Mean | 494.176 | 98.85 | Mean | 19.8 | 99.01 |
| SD | 2.352 | 0.462 | SD | 0.121 | 0.605 |
| % CV | 0.475 | 0.467 | % CV | 0.611 | 0.611 |

**Figure.6: System Suitability Chromatogram****Table 2: System suitability study**

| Parameter | Niacin (MEAN ± SD) | Lovastatin (MEAN ± SD) |
|----------------------|-------------------------------|-----------------------------------|
| Retention time (min) | 3.29 ± 0.0025 | 4.756 ± 0.0035 |
| Theoretical plates | 7003 ± 114.32 | 4506.33 ± 6.50 |
| Tailing factor | 1.39 ± 0.06 | 1.31 ± 0.0025 |
| Resolution | 6.68 ± 0.065 | |

Linear correlation was obtained between peak areas and concentrations of NIA and LOVA having. The calibration curve was linear over the concentration range of 125-625 µg/ml for niacin and 5-25 µg/ml for Lovastatin. The correlation coefficient in both cases were found to be 0.9999 and 0.9991 respectively. Intermediate Precision was done by changing the analyst, column, with the same chromatographic conditions and the obtained results were within the limits. The robustness of the proposed method was determined by analysis of aliquots from homogenous lots by differing physical parameters like mobile phase flow rate and wave length which may differ but the responses were still within the specified limits. The percentage

recoveries of Niacin and Lovastatin was in the range of 99.91-100.42% and 100.03-100.41% respectively.

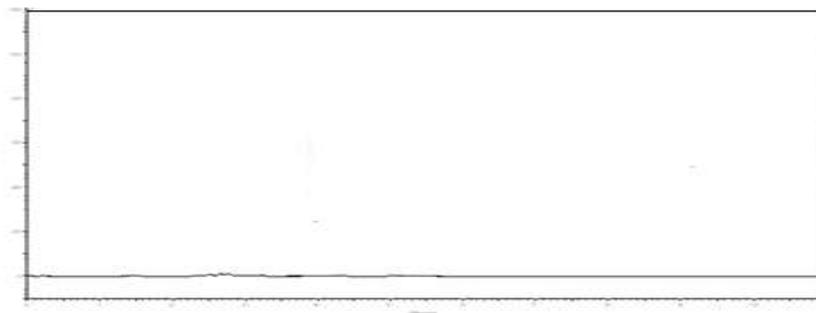


Figure.7: Placebo (Specificity) Chromatogram

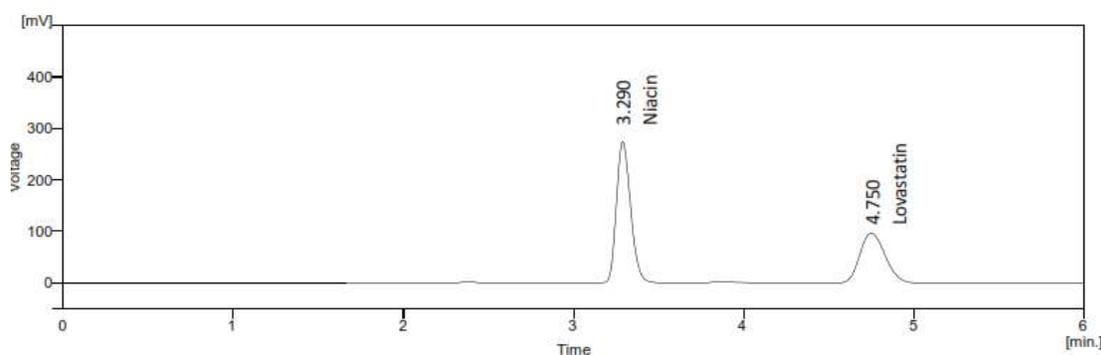


Figure.8 : Accuracy Chromatogram

Table 3: Accuracy study

| Amount OF Niacin ($\mu\text{g/ml}$) | % OF STD Niacin Added | Amount Found | % Recovery (Mean \pm SD) | Amount OF Lovastatin ($\mu\text{g/ml}$) | % OF STD Lovastatin ADDED | Amount Found | % Recovery (MEAN \pm SD) |
|---------------------------------------|-----------------------|--------------|----------------------------|---|---------------------------|--------------|----------------------------|
| 250 | 80 | 200.47 | 100.34 \pm 0.39 | 10 | 80 | 8.03 | 100.04 \pm 1.190 |
| | | 201.57 | | | | 8.07 | |
| | | 200.03 | | | | 7.89 | |
| 100 | 100 | 252.23 | 99.91 \pm 1.14 | | | 10.10 | |
| | | 250.47 | | | | 10.03 | |
| | | 246.64 | | | | 9.86 | |
| 120 | 120 | 302.97 | 100.42 \pm 0.64 | 12.13 | 100.41 \pm 0.661 | | |
| | | 299.18 | | 11.98 | | | |
| | | 301.68 | | 12.02 | | | |

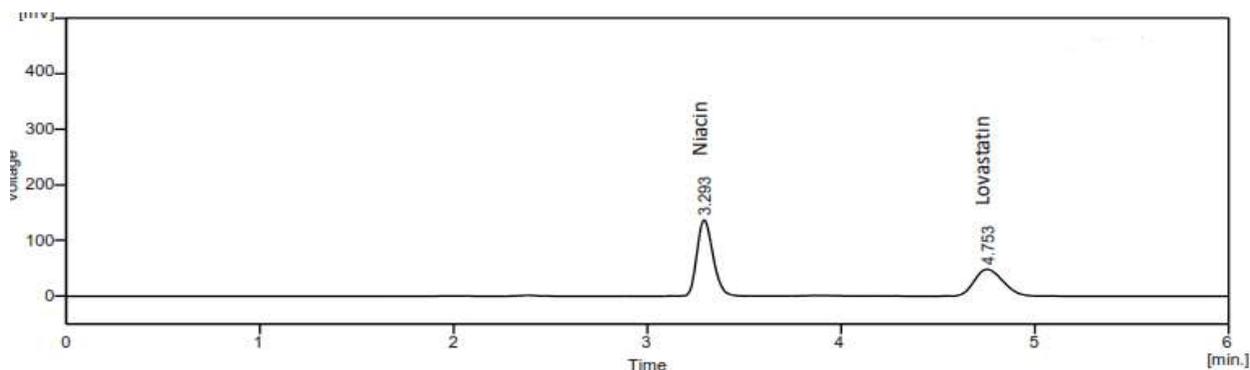


Figure. 9: Precision Chromatogram

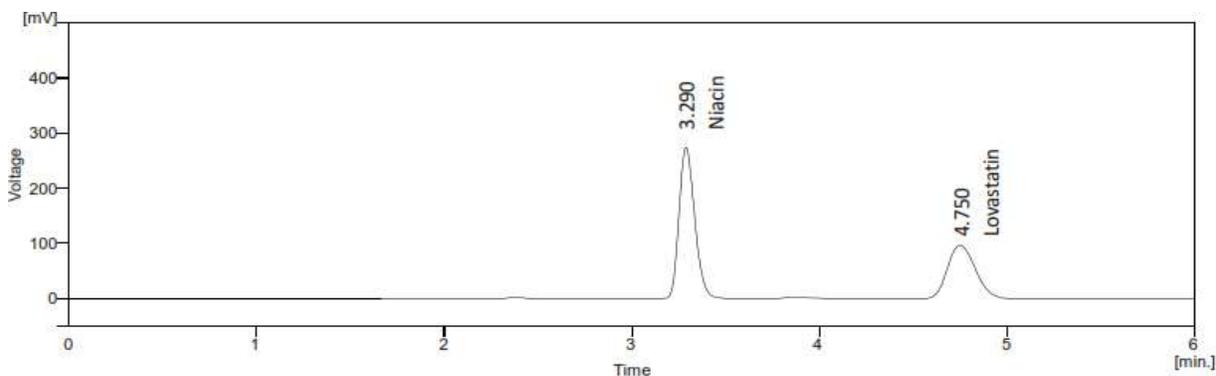


Figure. 10: Intermediate Precision Chromatogram

Table 4: Precision study

| conc. Niacin($\mu\text{g/ml}$) | OF | Area | Conc. Lovastatin ($\mu\text{g/ml}$) | OF | Area |
|-------------------------------------|----|---------|---|----|--------|
| 375 | | 1579.26 | 15 | | 993.36 |
| | | 1574.25 | | | 996.50 |
| | | 1580.01 | | | 989.22 |
| | | 1575.31 | | | 981.11 |
| | | 1582.15 | | | 999.12 |
| | | 1578.14 | | | 997.33 |
| MEAN | | 1578.18 | MEAN | | 992.77 |
| SD | | 2.96 | SD | | 6.69 |
| % CV | | 0.37 | % CV | | 0.67 |

Table 5: Robustness study

| System parameters (Variations) | suitability | %RSD of peak area response | | Mean tailing factor (n=3) | | Mean retention time in min.(n=3) | |
|-----------------------------------|-------------|----------------------------|-------|---------------------------|-------|----------------------------------|------|
| | | NIA | LOVA | NIA | LOVA | NIA | LOVA |
| Organic Phase | +2-2 | 1.546 | 1.174 | 1.381 | 1.316 | 3.28 | 4.73 |
| | | 1.49 | 1.25 | 1.397 | 1.307 | 3.28 | 4.73 |
| Change in pH | +2-2 | 1.40 | 1.41 | 1.381 | 1.316 | 3.28 | 4.73 |
| | | 1.308 | 1.246 | 1.381 | 1.307 | 3.27 | 4.72 |
| Change in flow | +2-2 | 1.108 | 1.082 | 1.30 | 1.33 | 3.12 | 4.50 |
| | | 0.85 | 0.78 | 1.409 | 1.328 | 3.45 | 4.98 |

LOD values for NIA and LOVA were found to be 4.67 µg/mL and 0.46 µg/mL, respectively.

LOQ values for NIA and LOVA were found to be 15.62 µg/mL and 1.54 µg/mL, respectively.

Table 6

Table 6: LOD and LOQ

| Conc of Niacin (µg/ml) | Mean Area ± SD (n=5) | % CV | Conc of Lovastatin (µg/ml) | Mean Area ± SD (n=5) | % CV |
|------------------------|----------------------|-------|----------------------------|----------------------|-------|
| 125 | 791.860± 3.096 | 0.399 | 5 | 495.898±3.126 | 0.681 |
| 250 | 1188.892± 2.333 | 0.196 | 10 | 749.151±5.104 | 0.681 |
| 375 | 1578.198± 3.314 | 0.209 | 15 | 990.626±1.629 | 0.164 |
| 500 | 1957.721± 4.130 | 0.210 | 20 | 1203.299±6.952 | 0.577 |
| 625 | 2368.658±6.274 | 0.264 | 25 | 1490.799±3.797 | 0.254 |

In Stability indicating method both the drugs subjected to acid and alkali hydrolysis, chemical oxidation, Thermal degradation and Photo degradation conditions. The peaks of the degradation products were well resolved from the drug peaks.

Table 7: Acid Degradation

| Degradation Peaks | R.T | Area | Resolution | Theoretical plates | Tailing factor |
|-------------------|-------|----------|------------|--------------------|----------------|
| 1 | 1.987 | 1.919 | - | 2699 | 1.000 |
| 2 | 2.433 | 258.296 | 2.354 | 1845 | 1.484 |
| 3 | 2.633 | 52.158 | 0.917 | 2526 | 3.714 |
| 4 | 3.270 | 1375.418 | 3.458 | 6800 | 1.381 |
| 5 | 3.627 | 9.950 | 1.825 | 3901 | 0.893 |
| 6 | 3.817 | 37.885 | 0.664 | 2018 | 2.656 |
| 7 | 4.720 | 888.841 | 2.899 | 4443 | 1.289 |
| 8 | 5.163 | 56.540 | 1.597 | 5769 | 1.541 |
| 9 | 6.427 | 101.147 | 3.982 | 5028 | 1.313 |
| 10 | 7.370 | 20.832 | 2.775 | 8636 | 1.333 |
| 11 | 7.717 | 50.800 | 0.770 | 2799 | 2.173 |
| 12 | 9.233 | 74.199 | 2.338 | 2677 | 1.560 |

Table 8: Base Degradation

| Degradation Peaks | R.T | Area | Resolution | Theoretical plates | Tailing factor |
|-------------------|-------|----------|------------|--------------------|----------------|
| 1 | 1.987 | 1.972 | - | 2510 | 0.967 |
| 2 | 2.467 | 351.622 | 2.456 | 1805 | 2.361 |
| 3 | 3.270 | 1362.254 | 4.110 | 6800 | 1.381 |
| 4 | 3.843 | 31.220 | 2.300 | 2046 | 2.765 |
| 5 | 4.720 | 866.152 | 2.814 | 4443 | 1.289 |
| 6 | 5.253 | 83.836 | 1.712 | 3822 | 1.404 |
| 7 | 6.363 | 180.306 | 2.375 | 1831 | 2.245 |
| 8 | 7.370 | 21.876 | 2.194 | 8336 | 1.564 |
| 9 | 9.137 | 84.984 | 3.427 | 2664 | 1.548 |

Table 9: Oxidation Degradation

| Degradation Peaks | R.T | Area | Resolution | Theoretical plates | Tailing factor |
|-------------------|-------|----------|------------|--------------------|----------------|
| 1 | 1.987 | 1.946 | - | 2510 | 1.000 |
| 2 | 2.450 | 454.118 | 2.406 | 1871 | 2.625 |
| 3 | 3.270 | 1343.725 | 4.257 | 6800 | 1.381 |
| 4 | 3.537 | 21.423 | 0.914 | 1109 | 3.000 |
| 5 | 3.837 | 31.470 | 0.785 | 2039 | 3.400 |
| 6 | 4.340 | 130.891 | 1.709 | 4851 | 1.333 |
| 7 | 4.720 | 863.209 | 1.427 | 4443 | 1.289 |
| 8 | 5.603 | 64.805 | 3.150 | 6520 | 1.514 |
| 9 | 6.230 | 95.344 | 1.639 | 2617 | 1.579 |
| 10 | 7.370 | 20.697 | 2.834 | 8636 | 1.538 |
| 11 | 8.387 | 65.933 | 2.149 | 2846 | 2.255 |

Table 10: Thermal Degradation

| Degradation Peaks | R.T | Area | Resolution | Theoretical plates | Tailing factor |
|-------------------|--------|----------|------------|--------------------|----------------|
| 1 | 3.553 | 2.663 | - | 5446 | 1.692 |
| 2 | 4.463 | 258.305 | 2.818 | 1552 | 1.320 |
| 3 | 5.260 | 12.786 | 1.863 | 2737 | 1.909 |
| 4 | 5.733 | 47.792 | 1.038 | 2023 | 1.241 |
| 5 | 6.407 | 181.870 | 1.862 | 7286 | 1.415 |
| 6 | 7.983 | 404.272 | 4.678 | 7295 | 1.420 |
| 7 | 9.047 | 78.533 | 2.391 | 4928 | 1.338 |
| 8 | 10.097 | 1428.857 | 2.131 | 7378 | 1.391 |
| 9 | 17.180 | 131.262 | 9.963 | 5214 | 1.290 |

Table 11: Photolytic Degradation

| Degradation Peaks | R.T | Area | Resolution | Theoretical plates | Tailing factor |
|-------------------|--------|---------|------------|--------------------|----------------|
| 1 | 1.987 | 2.206 | ----- | 2048 | 1.069 |
| 2 | 2.453 | 477.860 | 2.321 | 1876 | 2.625 |
| 3 | 2.947 | 19.938 | 1.759 | 1244 | 2.842 |
| 4 | 3.270 | 1386.08 | 1.327 | 7313 | 1.429 |
| 5 | 3.617 | 110.658 | 1.883 | 4517 | 1.357 |
| 6 | 3.837 | 31.137 | 0.769 | 1849 | 3.875 |
| 7 | 4.720 | 880.187 | 2.785 | 4626 | 1.351 |
| 8 | 5.247 | 157.888 | 1.603 | 3058 | 1.475 |
| 9 | 7.370 | 21.287 | 6.095 | 8636 | 1.564 |
| 10 | 11.860 | 32.814 | 10.639 | 8109 | 1.581 |

Table 12: Force degradation summary

| Stress condition | Niacin | | | Lovastatin | | |
|------------------|----------|-------|---------------|------------|-------|---------------|
| | Area | R.T | % Degradation | Area | R.T | % Degradation |
| As such | 1570.315 | 3.290 | - | 988.22 | 4.753 | - |

| | | | | | | |
|------------|----------|-------|-------------|---------|-------|-------------|
| Acid | 1375.418 | 3.270 | 12.41133148 | 866.152 | 4.720 | 12.35231021 |
| Base | 1362.254 | 3.270 | 13.24963463 | 864.58 | 4.720 | 12.5113841 |
| Oxidation | 1343.725 | 3.270 | 14.42958897 | 863.209 | 4.720 | 12.65011839 |
| Thermal | 1327.862 | 3.270 | 15.43976845 | 833.303 | 4.720 | 15.67636761 |
| Photolytic | 1386.081 | 3.270 | 11.73229575 | 880.187 | 4.720 | 10.9320799 |

CONCLUSION

The proposed Stability Indicating RP-HPLC method was found to be accurate, specific and reproducible for the quantitative determination of NIA and LOVA. No co-eluting peaks with the main peaks and no interference from degradation products to main peak. The method shows linear response in stated range and is accurate and precise. The method was completely validated showing satisfactory data for all method-validated parameters tested. The developed method can be conveniently used as a Stability Indicating method for the determination of Niacin and Lovastatin in bulk drugs and pharmaceutical dosage form.

REFERENCES:

1. ICH guidelines Q2 (R1), Text on Validation of Analytical Procedures, Methodology International Conference on Harmonization, Geneva, 2005.
2. Adepu N, Kumanan R, Rao K, Rao N, Kumar R, Sand D. LC-MS/MS analytical method for the estimation & validation of nutraceutical: Niacin in human plasma. *DerPharmacia Sinica*, 2010; 1 (1):116-123.
3. Kumar B.S., Kumar S. N., A Naresh, Payakala Y. Analytical Method Validation of Nutraceutical: Niacin in Human Plasma by LC-MS/MS. *Journal of Analytical Chemistry* 2012; 2:10-21.
4. Windahl K, Trenerry V, Ward C. Determination of Niacin in selected foods by capillary electrophoresis and high performance liquid chromatography: acid extraction. *Food Chem* 1999; 65: 263-270.
5. Sawnt R, Raiha A, Ramdin S, Darade S. Spectrophotometric methods for simultaneous estimation of Atorvastatin & Niacin in tablet dosageform. *International Research journal of Pharmacy* 2012; 3-5: 364-367.
6. Shah D, Bhatt K, Mehta R, Shankar M, Baldania S. RP-HPLC method for the determination of Atorvastatin calcium and Nicotinic acid in combined tablet dosageform. *Indian Journal of Pharmaceutical sciences*, 2007; 69: 700-703.
7. Tiwari P, Sathe P.A. "Validated Liquid Chromatographic Method For Niacin and Simvastatin in Pharmaceutical Preparation" *Analytical chemistry* 2010; 9.

8. Gurumurthy T, Aravind. Development and validation RP-HPLC method for Simultaneous estimation of niacin and simvastatin. *International Journal of Pharmaceutical Invention*. 2012; 2:8.
9. Gupta K. Stability Indicating RP-HPLC Method for Simultaneous Determination of Atorvastatin and Nicotinic Acid from Their Combined Dosage Form. *Eurasian Journal Analytical Chemistry* 2009; 4(3): 294-303.
10. Tiwari P, Sathe P.A. Development and validation of HPTLC method for niacin and simvastatin in binary combination. *Advances in Bioscience and Biotechnology* 2010; 1: 131-135.
11. Wang Y, Song M, Hang T, Wen A, Yang L. LC-MS-MS Simultaneous Determination of Niacin, Niacinamide and Nicotinuric Acid in Human Plasma LC-MS-MS and Its Application to a Human Pharmacokinetic Study. *Chromatographia* 2012; 34:245-253.
12. Alvarez-lueje A, Pastine j, Squella j. A. and Nunez V. Assessment of the hydrolytic degradation of Lovastatin by HPLC. *Journal of the Chilean Chemical Society*, 2005; 50:639-646.
13. Chaudhari V and Ubale M. A Validated Stability-Indicating HPLC assay method for Lovastatin in bulk drug. *Research Journal of Pharmaceutical, Biological and Chemical Sciences*. 2012; 3: 261.
14. Asthana S, Kaur V, Chawla P, Saraf S. Rapid and Sensitive HPLC-UV method for Simultaneous estimation of Nifedipine, Nateglinide and Lovastatin: Quantitative Application to Polypill Based Synthetic Ternary Mixture. *International Journal of Pharm Tech Research*, 2010; 2: 682-688.
15. Silva TD, Oliveira MA, de Oliveira RB, Vianna S. Development and validation of a simple and fast HPLC method for determination of Lovastatin, Pravastatin and Simvastatin. *Journal of Chromatographic Science*, 2012; 9:831.
16. Miao X, Metcalfe C. Determination of cholesterol-lowering statin drugs in aqueous samples using liquid chromatography-electro spray ionization tandem mass spectrometry. *Journal of Chromatography A* 2000; 998:133-141.
17. Khan S, Kausar T, M Ashfaq and Sharif S. Development and Validation of Liquid Chromatographic Method for the Simultaneous Estimation of Ezetimibe and Lovastatin In Human Plasma. *Journal of the Chilean Chemical Society* 2010; 55: 4.
18. M Kazemipour, M Ansari, H Ramezani and M Moradalizadeh. Simultaneous Determination of Lovastatin and Niacin in tablet by first and third derivative

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