

# A Novel Stress Indicating RP-HPLC Method Development and Validation for the Simultaneous Estimation of Velpatasvir and Sofosbuvir in bulk and its Tablet Dosage Form

## Abstract

**Aim:** The objective of the study was simplest, accurate, precise and robust reversed phase high performance chromatographic (RP-HPLC) method was developed for the estimation of Velpatasvir (VEL) and Sofosbuvir (SOF) in the bulk and its tablet dosage form.

**Study Design:** The Quantitative and Qualitative estimation and designed forced degradation study of Velpatasvir & Sofosbuvir by RP-HPLC.

**Place and Duration of Study:** The study was carried at Santhiram College of Pharmacy and time taken 4 months.

**Method :** The method was attained by used Waters( 5 $\mu$ , C18 250 x 4.6 mm) column with mobile phase consists of 0.5 mM disodium hydrogen phosphate buffer pH adjusted to 6.5, with Ortho phosphoric acid and Methanol in the ratio of 78:22 v/v, a flow rate of 1.0 mL/min and ultraviolet detection at 285 nm.

**Results:** The method was validated as per ICH guidelines with different parameters, the mean retention times of VEL and SOF were found to be 2.8 & 4.7 min respectively. The resolution between VEL and SOF was found to be 10.66. The Correlation coefficients for calibration curves within the detection range of 32.5 - 97.5 and 125 - 375  $\mu\text{g/mL}$  were 0.999 for VEL and SOF respectively. The LOD and LOQ for VEL and SOF were found to be 0.0068-0.029  $\mu\text{g/mL}$  and 0.104-0.342  $\mu\text{g/mL}$  respectively.

**Conclusion:** The results were indicated that the developed method was used for the routine analysis of VEL & SOF combined form in bulk and its commercial formulation. To the best of our knowledge there was no method on RP-HPLC for the determination of VEL alone or in combination with SOF molecule.

**Keywords:-** Velpatasvir, Sofosbuvir, HPLC, commercial formulations.

## 1. Introduction

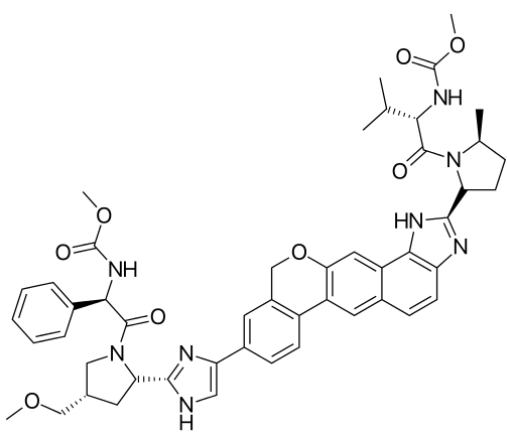
Hepatitis C virus (HCV) infection is a major public health challenge now a days. It has been estimated that the global prevalence of HCV infection is around 2%, with 170 million persons chronically infected with the virus and 3 to 4 million persons newly infected each year.<sup>1,2</sup>

It is a pathogen that is already responsible for a significant proportion of liver disease in various regions of India.<sup>3</sup>

Velpatasvir (VEL) is a novel HCV nonstructural Protein 5A (NS5A) inhibitor that was developed in combination with other drugs, which are directly acting antiviral for the treatment of HCV infections.<sup>4</sup> The IUPAC name for velpatasvir is Methyl {(1R)-2-((2S,4S)-2-(5-{2-((2S,5S)-1-((2S)-2-((methoxycarbonyl) amino)-3- methyl butanoyl} -5-methyl pyrrolidin-2-yl)-1,11 dihydro(2) benzopyrano (4',3':6,7) naphtha (1,2-d) imidazol-9-yl}-1H -imidazol -2-yl) -4-

44 (methoxy methyl) pyrrolidin-1-yl)-2-oxo-1-phenylethyl} carbamate. It is a white to off-white  
 45 powder, slightly soluble in water. It has a molecular formula of  $C_{49}H_{54}N_8O_8$ .<sup>5</sup>  
 46 Sofosbuvir SOF is a nucleotide pro-drug that effectively inhibits 1-6 HCV RNA replicons in  
 47 vitro and has proved to have a high sustained virologic response (SVR) rates.<sup>5,6</sup> Sofosbuvir is a  
 48 prodrug of 2'-deoxy-2'-fluoro-2'-C-methyluridine mono phosphate that is phosphorylated intra  
 49 cellularly to the active triphosphate form.<sup>7</sup> Chemically it is (S)-Isopropyl 2-((S)-  
 50 (((2R,3R,4R,5R)-5- (2,4- dioxo- 3,4-di hydro pyrimidin-1 (2H)-yl) -4- fluoro-3- hydroxy-4-  
 51 methyl tetrahydrofuran-2-yl)methoxy)(phenoxy)phosphorylamino)propanoate. It is a white to  
 52 off-white crystalline powder, found to be slightly soluble in water and freely soluble in alcohol  
 53 and acetone. It has a molecular formula of  $C_{22}H_{29}FN_3O_9P$ .<sup>8</sup> Chemical structures of VEL and SOF  
 54 were shown in figure 1 and 2 respectively.

55



56

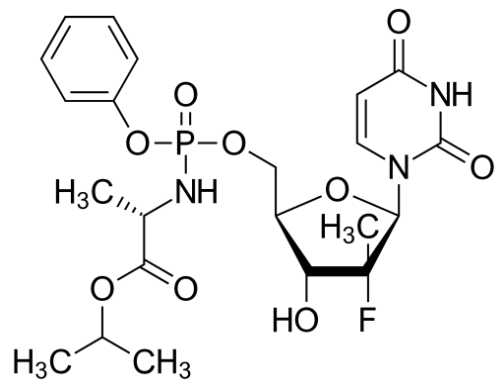
Figure 1: Chemical structure of velpatasvir

57

58

59

60



61

62

63

Figure 2: Chemical structure of Sofosbuvir

64

65 The combined dosage form (Tablet – Velpanat, Natco Pharma) consists of 100 mg of VEL and  
 66 400 mg of SOF was indicated for the treatment of chronic hepatitis C virus (HCV) infection in  
 67 adults.<sup>4, 6</sup> LC-MS/MS method has been reported for the estimation of SOF with Ledipasvir in

68 human plasma.<sup>9</sup> Two UPLC-MS/MS methods have been reported for determination of SOF<sup>10</sup>  
69 and in combination of Ledipasvir (11,12) in human plasma for determination of bioequivalence  
70 studies. Few RP-HPLC methods has been reported for the estimation of SOF alone<sup>12, 13</sup> or with  
71 combination of other drugs like Ledipasvir<sup>14, 15</sup> and Simeprevir used in the combination for the  
72 treatment of HCV infection.<sup>16</sup>

73

## 74 **2. EXPERIMENTAL**

### 75 **2.1 Reagents**

76 All the chemicals and reagents were of analytical grade. Water was redistilled and filtered with a  
77 membrane filter. Methanol – HPLC grade (Merck, India), Ortho phosphoric acid and disodium  
78 hydrogen phosphate (SD finechem, India) were used to prepare mobile phase. Pharmaceutical  
79 grade standard drugs viz., Velpatasvir and Sofosbuvir were kindly gifted by Natco Pharma Ltd,  
80 Hyderabad, India. The combined tablet formulation contains 100 mg of Velpatasvir and 400mg  
81 of Sofosbuvir (Velpanat, Natco) purchased from local market of Nellore.

### 82 **2.2 Chromatographic Conditions**

83 The method was developed by using HPLC system consisted of a LC Waters (Waters, Milford,  
84 MA, USA) using a Water's C<sub>18</sub> 250 x 4.6 mm, 5 $\mu$  column, a quaternary gradient system (600  
85 Controller), in line degasser (Waters, model AF). The system was equipped with a photodiode  
86 array detector (Water, 2998 model) and auto sampler (Waters, model 717 plus). Data was  
87 processed using Empower Pro software (Waters, Milford, MA, USA). The Isocratic mobile  
88 phase consist of a mixture of 0.5 mM disodium hydrogen phosphate buffer pH adjusted to 6.5,  
89 with Ortho phosphoric acid and Methanol in the ratio of 78:22% v/v was used throughout the  
90 analysis. The mobile phase was pumped at a flow rate of 1.0 mL/min. UV detection wavelength  
91 for analytes was 285 nm. Column temperature was kept ambient and injection volume was 10 $\mu$ L.

92

### 93 **2.3 Solution Preparation**

#### 94 **2.3.1 Standard stock solution preparation**

95 10 mg of VEL and SOF each was weighed accurately and transferred to individual 10 ml  
96 volumetric flasks. Dissolved and diluted with methanol to get a concentration of 1000  $\mu$ g/ml.

#### 97 **2.3.2 Working standard Solution**

98 1.625 mL of VEL and 6.25 mL of SOF standard stock solutions were accurately measured and  
99 transferred to a 25 mL volumetric flask, mixed well and diluted to final volume with diluent, so  
100 as get the final concentrations of 65  $\mu$ g/mL of VEL and 250  $\mu$ g/mL of SOF.

#### 101 **2.3.3 Sample solution preparation (Assay)**

102 Twenty tablets were weighed and finely powdered. The average weight of tablets was  
103 determined. A portion of powder was weighed equivalent to VEL and SOF and transferred to a  
104 10 mL volumetric flask. 10 mL of methanol was added to disintegrate tablets completely by  
105 using ultra sonicated for 10 min and solution concentration was 1000  $\mu$ g/mL.

#### 106 **2.3.4 Working sample solution**

107 The solution was further diluted to get final concentrations of 65 µg/mL of VEL and 250 µg/mL  
108 of SOF. This solution was filtered through 0.45 µm membrane filter. The 10µL of this solution  
109 was injected in to HPLC system.

110

## 111 2.4 Method Validation

112

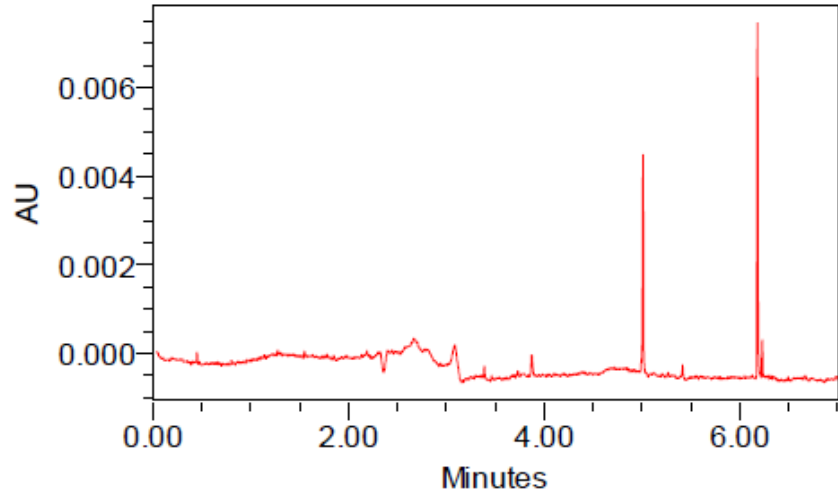
113 The method was validated according to ICH guidelines for the estimation of velpatasvir and  
114 sofosbuvir. The following validation parameters are enveloped precision, accuracy, linearity,  
115 limit of detection & limit of quantification, robustness and force degradation studies. The  
116 standard solution was prepared at six concentrations ranging from 32.5- 97.5µg/mL for VEL and  
117 125-375 µg/mL for SOF solutions were prepared for linearity. The regression of the curve was  
118 obtained by peak area vs concentration. The method sensitivity was measured by limit of  
119 detection and limit of quantification. The limit of detection and limit of quantification were  
120 determined by signal to noise ratio 3:1& 10:1. The precision of the method was assessed by  
121 measured six times standard solution of VEL & SOF and measured the area of all six injections  
122 in the HPLC chromatographic system. The accuracy of the method was determined by standard  
123 addition and recovery method. The accuracy of the method was evaluated in triplicate at three  
124 concentration levels, i.e. 50%, 100% and 150% of target test concentration and the percentages  
125 of recoveries were calculated. The robustness of the method was manifested by deliberate  
126 changes in experimental conditions. The changes made in the chromatographic conditions like  
127 flow rate by ±0.2 mL/min, mobile phase composition change ± 3 and the column temperature ±5  
128 °C. The drugs were subjected to different stress conditions like acid (refluxed 0.1N HCL for 1 hr  
129 at 80°C), base (refluxed 0.1N NaOH for 4 hrs at 80°C), H<sub>2</sub>O<sub>2</sub>( stored 3% H<sub>2</sub>O<sub>2</sub> room temp for 2  
130 hrs) light and water near UV ≥200 FOR 10 days) forced degradation studies were conducted on  
131 the VEL & SOF.

## 132 3. RESULTS AND DISCUSSION

### 133 3.1 Method development and optimization of chromatographic conditions

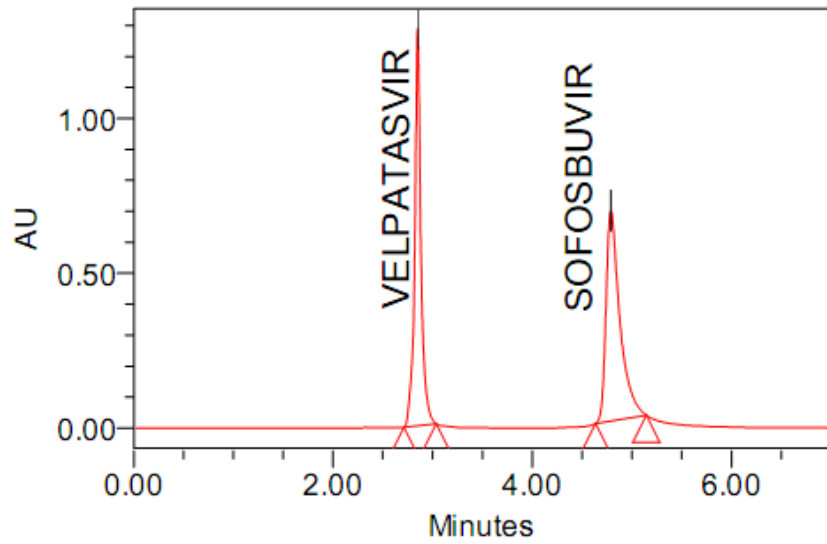
134 During the optimization of the method, different columns (Inertsil C8, 250 mm×4.6 mm, 5 µm;  
135 Zorbax C18 250 mm×4.6 mm, 5 µm; Symmetry C18 250 mm×4.6 mm, 5 µm) and two organic  
136 solvents (acetonitrile and methanol) were tested. The chromatographic conditions were also  
137 optimized by using different buffers like phosphate, acetate and citrate for mobile phase  
138 preparation. After a series of screening experiments, it was concluded that phosphate buffers  
139 gave better peak shapes than their acetate and citrate counterparts. With acetonitrile as solvent  
140 both the peaks shows less theoretical plates and more retention time compared to methanol. The  
141 chromatographic separation was achieved on a Waters C18, 250 mm×4.6 mm, 5µm column, by  
142 using a mixture of 0.5 mM disodium hydrogen phosphate buffer pH adjusted to 6.5, with Ortho  
143 phosphoric acid and Methanol in the ratio of 78:22 v/v, as mobile phase. Temperature was  
144 maintained ambient to facilitate mass exchange with the corresponding decrease of peak  
145 broadening and increase in sensibility. The flow rate kept was 1.0 mL/min to achieve adequate  
146 retention time of two peaks 2.80 min and 4.78 min for VLE and SOF respectively. Figure 3, 4  
147 and 5 shows blank, standard and sample chromatograms. The Table1 shows the optimized  
148 chromatographic conditions.

149



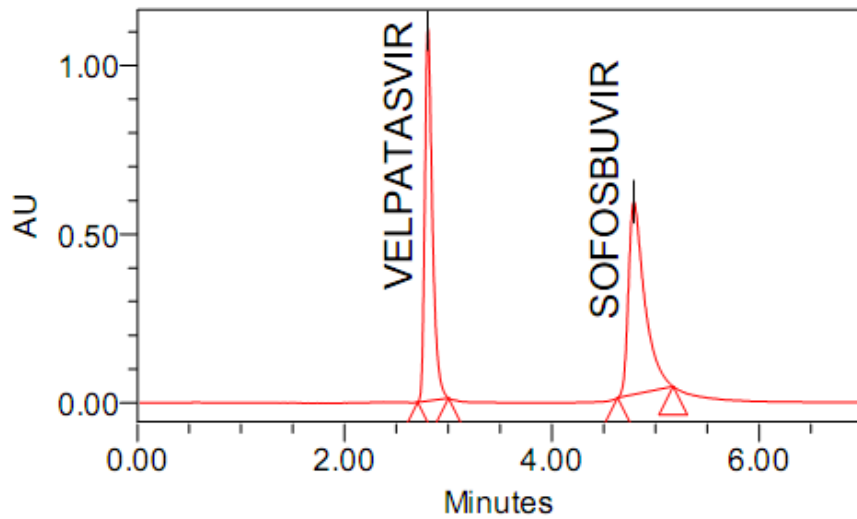
150  
151

Figure 3: Blank Chromatogram



152  
153  
154

Figure 4: Standard Chromatogram of VEL & SOF



155

156  
157  
158  
159

**Figure 5: Sample Chromatogram of VEL & SOF**

Table 1: Optimized HPLC conditions for simultaneous estimation of Velpatasvir and Sofosbuvir

S. No	Parameter	Description/Value
1.	Stationary Phase	Water's C18 (250X4.6X5)
2	Mobile Phase	0.5 mM Disodium Phosphate buffer (pH 6.5, adjusted with OPA) and MeOH in the ratio of 78:22 v/v
3	Flow rate	1 mL/min
4	Detection Wavelength (Isosbestic Point)	285nm
5	Detector	Photo diode array
6	Injection	Autosampler -Waters, model 717 plus
7	Injection volume	10 µl
8	Column Temperature	Ambient
9	Run time	6 mins
10	Diluent	Methanol
11	Rt's	Velpatasvir: 2.806 min Sofosbuvir: 4.780 min

160  
161  
162  
163  
164  
165  
166  
167  
168  
169  
170  
171

**3.2 Method validation**

When a method has been optimized it must be validated before practical use. By following ICH guidelines for analytical method validation, Q2 (R1), the validation characteristics were addressed.<sup>17</sup>

**3.3 System Suitability**

The system suitability test ensures the validity of the analytical procedure as well as confirms the resolution between different peaks of interest. All critical parameters tested met the acceptance criteria on all days. As shown in the chromatograms (figure 4 & 5), two analytes were eluted by forming symmetrical single peaks well separated from each other and from excipients. Table 2 shows the System Suitability results.

**Table 2: System suitability results**

S.No	Parameters	Results		Limits
		Velpatasvir	Sofosbuvir	
1	RSD of peak area	0.20	0.86	<2 n ≥ 6
2	Retention times	2.849	4.786	-
3	RSD of retention time	0.56	0.89	<2 n ≥ 5
4	USP plate count	13196	6255	>2000
5	USP tailing factor	1.06	1.75	T<2
6	USP resolution	-	10.66	R >2

172  
173  
174  
175

**3.4 Linearity**

For the construction of calibration curves, five calibration standard solutions were prepared over the concentration range of 32.5 – 97.5 µg/ml for VEL and 125.0 – 375 µg/mL for SOF. The

176 results, summarized in Table 3, showed a good correlation between analytes peak area and  
 177 concentration with  $r > 0.999$  ( $n = 5$ ). Linearity curve was shown in figure 6 and 7.

178 Table 3: Linearity results of VEL & SOF

S. No	Linearity Level	Velpatasvir		Sofosbuvir	
		Concentration ( $\mu\text{g/mL}$ )	Peak Area	Concentration ( $\mu\text{g/mL}$ )	Peak Area
1	50	32.5	2813066	125	3077228
2	75	48.75	4253268	187.5	4629475
3	100	65	5613521	250	6143585
4	125	81.25	7052657	312.5	7688257
5	150	97.5	8406053	375	9285177
Slope		86064		24759	
Intercept		33568		25128	
$R^2$		0.9999		0.9999	

179  
 180  
 181  
 182  
 183  
 184  
 185  
 186  
 187  
 188  
 189  
 190  
 191

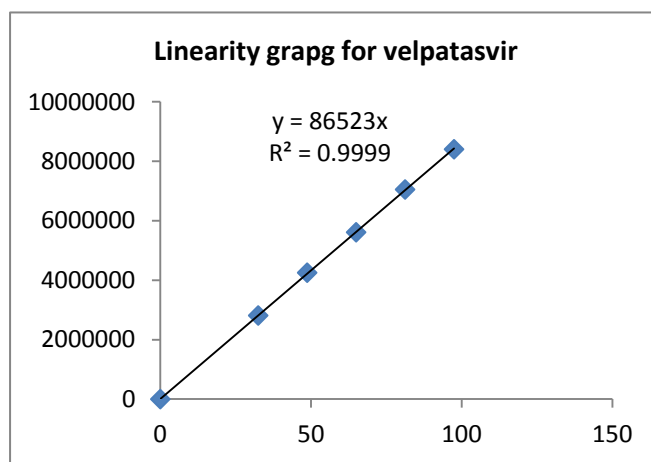


Figure 6: Linearity curve of VEL

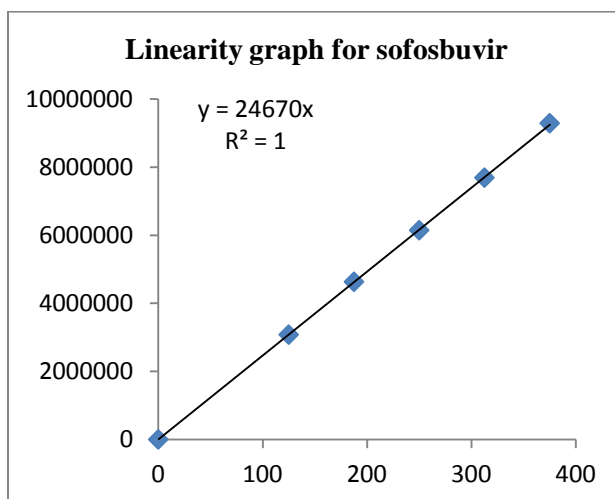


Figure 7: Linearity curve of SOF

192  
 193  
 194

195 **3.5 Precision**

196 The assay was investigated with respect to repeatability and inter-day precision. The  
 197 repeatability of the system (while keeping the operating conditions identical) was examined by  
 198 injecting analyte solution with 6 replicate injections. The RSD values varied from 0.47 to 0.86%  
 199 Showed, that the inter-day precision of the method was satisfactory. Table 4 shows the precision  
 200 results.

201 Table 4: Results of Method Precision

S. No	Velpatasvir		Sofosbuvir	
	Peak Area	% Assay	Peak Area	% Assay
1	5516391	100.55	6556728	100.84
2	5518106	100.58	6531198	100.44
3	5518136	100.58	6475888	99.59
4	5555471	101.26	6429678	98.88
5	5565122	101.43	6412642	98.62
6	5570645	101.53	6481227	99.67
Average	5540645.17	100.99	6481226.83	99.67
SD	25775.38	0.47	55834.05	0.86
%RSD	0.47	0.47	0.86	0.86

202 **3.6 Accuracy**

203 To govern the accuracy of the proposed method, recovery studies has been performed, known  
 204 amount of pure drug sample solution at three different concentration levels, ie, 50%,100%,150%  
 205 was calculated. Accuracy was calculated as percentage of recovery. The accuracy results  
 206 tabulated as 5.

207 Table 5: Accuracy results of VEL & SOF

Parameters	Peak Area	Amount added( $\mu\text{g}$ )	Amount recovered ( $\mu\text{g}$ )	% of recovery	% mean recovery
<b>Velpatasvir</b>					
50%	2807301	32.33	32.58	100.79	100.79
100%	5644767	64.66	65.52	101.33	101.33
150%	8332433	96.99	97.26	99.72	99.72
<b>Sofosbuvir</b>					
50%	276869	32.33	32.14	99.41	99.41
100%	5548876	64.66	64.41	99.61	99.61
150%	8506216	96.99	98.74	101.80	101.80

210 **3.7 Limit of detection (LOD) and Limit of quantification (LOQ)**

211 The Limit of detection and limit of quantification were considered as the signal- to- noise ratio  
 212 3:1 and 10:1 respectively. The limit of detection and limit of quantitation to be determined  
 213 0.0068 $\mu\text{g/ml}$  & 0.029 $\mu\text{g/ml}$  for VEL and 0.104  $\mu\text{g/ml}$  & 0.347  $\mu\text{g/ml}$  for SOF respectively.

214 **3.8 Robustness**

215 The robustness of the method was unaffected when small, deliberate changes like, flow rate  
 216 change, mobile phase composition, column temperature were performed at 100% test  
 217



218 concentration. The method was found to be robust for the said conditions. Results were tabulated  
 219 in table 6.

220  
 221

Table 6: Results of Robustness

S. No	Parameter	Condition	Velpatasvir			Sofosbuvir		
			RT	Peak Area	% Assay	RT	Peak Area	% Assay
1	Flow	0.8 ml/min	2.39	5476665	99.82	4.04	6410579	98.59
2		1 ml/min	2.85	5570645	101.53	4.79	6481226	99.67
3		1.2 ml/min	3.52	5526688	100.73	5.90	6564947	100.96
4	Temp	25 °C	2.84	5498542	100.22	4.76	6447497	99.16
5		30 °C	2.85	5570645	101.53	4.79	6481226	99.67
6		35 °C	2.85	5589293	100.87	4.80	6547497	101.47
7	Mobile Phase	B:M 75:19 v/v	2.68	5498542	100.22	4.22	6452436	99.23
8		B:M 78:22 v/v	2.85	5570645	101.53	4.79	6481226	99.67
9		B:M 81:25 v/v	2.86	5586765	101.83	5.26	6533379	100.48

222  
 223  
 224  
 225  
 226  
 227

### 3.9 Analysis of tablet formulation

The proposed method was applied for the analysis of velpatasvir and sofosbuvir in tablet dosage forms, the results were found to be between 99.67-100.99%, the results summarized in table 7.

Table 7: Assay results of VEL and SOF

Drug	Labeled amount mg/tab	Peak Area	% Assay
Velpatasvir	100	5570645	100.99
Sofosbuvir	400	6481226	99.67

228  
 229  
 230

### 3.10 Forced degradation and stability indicating studies

231 Non interference of blank and degradants, the developed HPLC method proves the capability  
 232 stability indicating method for the analysis of VEL and SOF. Purity angle was less than the  
 233 purity threshold and hence the proposed method was the specific and revealed its stability-  
 234 indicating power. The results were summarized in Table 8. Figure 8 (a-e) shows chromatograms  
 235 of different stress degradation conditions.

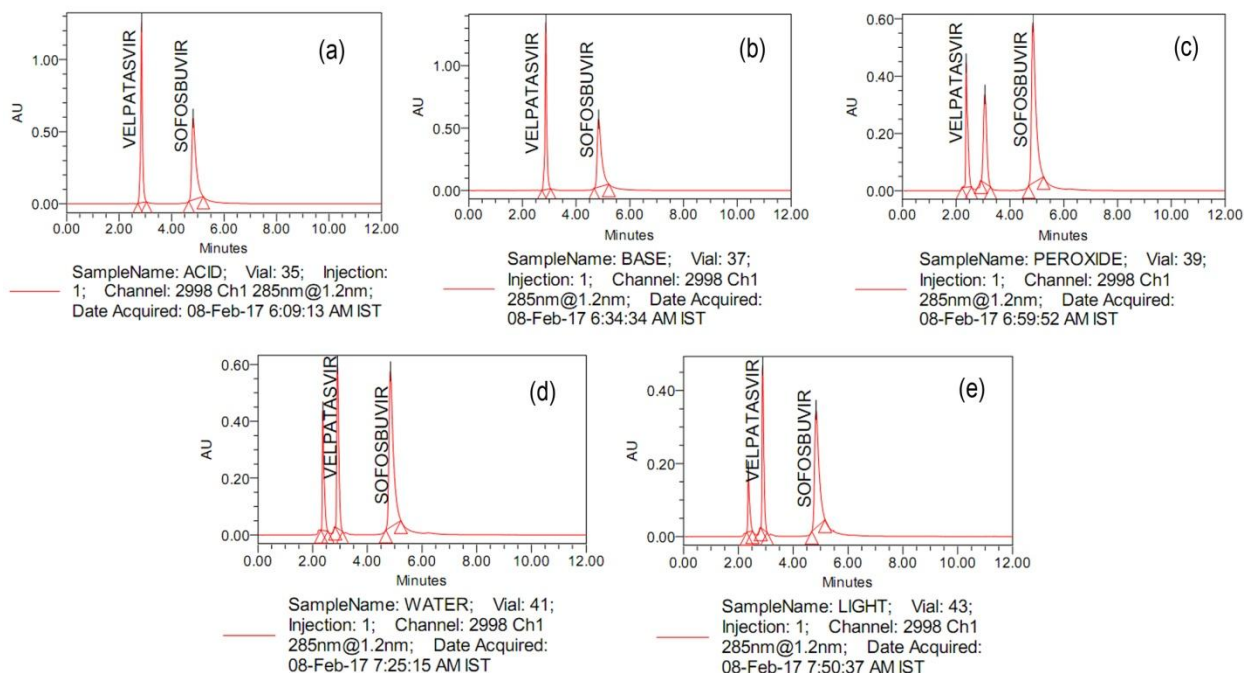
236

Table 8: Degradation studies of VEL & SOF

Stress conditions	% Assay of active moiety			
	Velpatasvir	% degradation	Sofosbuvir	% degradation
Acid (0.1 N HCl, refluxed for 1 H at 80°C)	92.68	-7.32	92.06	-7.94
Base (0.1 N NaOH refluxed for 4H at 80°C)	92.68	-7.32	92.98	-7.02
H <sub>2</sub> O <sub>2</sub> (3% H <sub>2</sub> O <sub>2</sub> Stored at room	93.05	-6.95	92.71	-7.29

temperature for 2 H)				
Water	89.69	-10.31	93.27	-6.73
UV light (near UV $\geq 200$ for 10 days)	92.20	-7.80	92.81	-7.19

237



238

239

240 **Figure 8: Degradation Chromatogram working standard solutions of valpatasvir &**  
 241 **sofosbuvir after (a) Acid hydrolysis (0.1 N HCl, refluxed for 1 H at 80°C) (b) Alkali (0.1 N**  
 242 **NaOH refluxed for 4H at 80°C) and (c) Oxidative degradation (3% H<sub>2</sub>O<sub>2</sub> Stored at room**  
 243 **temperature) (d) Water degradation (e) UV light degradation (near UV  $\geq 200$  for 10 days).**

244

245

246 SOF. Two drugs were subjected to various stress conditions like acid (0.1 N HCl, refluxed for 1  
 247 H at 80°C), base (0.1 N NaOH refluxed for 4H at 80°C), peroxide (3% H<sub>2</sub>O<sub>2</sub> Stored at room  
 248 temperature for 2H), water and light (near UV  $\geq 200$  for 10 days) stability studies were conducted  
 249 on these samples. Hence the proposed method was the specific and revealed its stability-  
 250 indicating power.

#### 251 4. Conclusion

252 A simple, specific, precise and accurate isocratic HPLC-UV method was developed for the  
 253 estimation of valpatasvir and Sofosbuvir in their pharmaceutical formulation. The two  
 254 compounds were subjected to forced degradation applying several stress conditions. The  
 255 proposed method was successfully separated two compounds with degradants, estimate the  
 256 pharmaceutical active contents. The Proposed method was specific and stability-indicating  
 257 power. Hence the developed method can be adapted to regular quality control analysis.

258

259

260 **CONSENT**

261 It is not applicable

262

263 **ETHICAL APPROVAL**

264 It is not applicable

265

266 **References:**

267

268 1. Shepard C W, Finelli L and Alter M J, Global epidemiology of hepatitis C virus infection;  
269 Lancet Infect. Dis. 2005;5:558–567.

270 2. Lawitz E, Freilich B, Link J, et al. A phase 1, randomized, dose-ranging study of GS-  
271 5816, a once-daily NS5A inhibitor, in patients with genotype 1-4 hepatitis C virus. J  
272 Viral Hepat. 2015; 22:1011-1019.

273 3. Ashis Mukhopadhyaya, 2008, Hepatitis C in India, Indian Academic of Sciences J. Biosci.  
274 (2008);33(4):465–473.

275 4. Mogalian E, German P, Kearney BP, et al. Use of Multiple Probes to Assess Transporter-  
276 and Cytochrome P450-Mediated Drug-Drug Interaction Potential of the Pangenotypic  
277 HCV NS5A Inhibitor Velpatasvir. Clin Pharmacokinetic. 2016; 55:605-13.

278 5. Younossi ZM, Stepanova M, Feld J, et al. Sofosbuvir/velpatasvir improves patient-  
279 reported outcomes in HCV patients: Results from ASTRAL-1 placebo-controlled trial. J  
280 Hepatol. 2016; 65:33-39.

281 6. Feld JJ, Jacobson IM, Hézode C, et al. Sofosbuvir and Velpatasvir for HCV Genotype 1,  
282 2, 4, 5, and 6 Infection. N Engl J Med. 2015; 373:2599-607.

283 7. Goodman, L.S and Gilman, A.G., The Pharmacological Basis of Therapeutics, 9th Edn.  
284 By Hardman, J.G., Limbard, L.E., Editors in chief, McGraw – Hill, 1996.

285 8. Elkady, Ehab F, Aboelwafa, Ahmed A., A Rapid and Optimized LC-MS/MS Method for  
286 the Simultaneous Extraction and Determination of Sofosbuvir and Ledipasvir in Human  
287 Plasma. Journal of AOAC International. 2016;99( 8):1252-1259.

288 9. Rezk MR, Basalious EB, Amin ME., Novel and sensitive UPLC-MS/MS method for  
289 quantification of sofosbuvir in human plasma: application to a bioequivalence study.  
290 Biomed Chromatogram. 2016; 30(9):1354-62.

291 10. Pan C, Chen Y, Chen W, Zhou G, Jin L, Zheng Y, Lin W, Pan Z., Simultaneous  
292 determination of ledipasvir, sofosbuvir and its metabolite in rat plasma by UPLC–  
293 MS/MS and its application to a pharmacokinetic study, Journal of Chromatography B.  
294 2016;1008(1):255–259.

295 11. Ravikumar Vejjendla, C.V.S. Subramanyam, G. Veerabhadram., Estimation and  
296 Validation of Sofosbuvir in Bulk and Tablet Dosage Form by RP-HPLC, Int J Pharm.  
297 2016;6(2):121-127.

298 12. Mohan vikas , Satyanarayana T, Vinod Kumar D, Mounika E, Sri Latha M, Anusha R,  
299 Sathish Y., Development and valiation of new RP-HPLC method for the determination of  
300 Sofosbuvir in pure form. J Global Trends Pharm Sci. 2016;7(1):3013-3015.

301 13. Mohamed El-Kassem M Hassouna, Maha Mohammed Abdelrahman and Mahmoud  
302 Abdelfatah Mohamed., Assay and dissolution methods development and validation for  
303 simultaneous determination of Sofosbuvir and Ledipasvir by RP-HPLC Method in tablet  
304 dosage forms. J Forensic Sci & Criminal Inves.2017;1(3).

- 305 14. Bakht Zaman, Faisal Siddique, Waseem Hassan., RP-HPLC Method for Simultaneous  
306 Determination of Sofosbuvir and Ledipasvir in tablet dosage form and its application to  
307 in vitro dissolution studies. *Chromatographia*. (2016); 79(23):1605–1613.
- 308 15. B.Raj Kumar, Dr. K. V.Subrahmanyam., A New Validated RP-HPLC Method for the  
309 simultaneous determination of simeprevir and sofosbuvir in pharmaceutical dosage form.  
310 *Indo American Journal of Pharmaceutical Research*. 2016; 6(2):4508- 4520.
- 311 16. ICH-Q2(R1) Validation of Analytical Procedures: Text and Methodology International  
312 Conference on Harmonization of Technical Requirements for Registration of  
313 Pharmaceuticals for Human Use, Geneva, Switzerland, 1996.