

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Development and Validation of a Stability Indicating Reverse Phase: High Performance Liquid Chromatography Method for Estimation of Imeglimin

Ashwini Chandu Bhukya¹ , Anup G. Barsagade²

¹Student, Maharashtra institute of pharmacy Betala Bramhapuri, Gondwana university, Gadchiroli ²Assistant Professor, Maharashtra institute of pharmacy Betala Bramhapuri, Gondwana university, Gadchiroli

Abstract

The aim of present research work is to ' DEVELOPMENT AND VALIDATION OF A STABILITY INDICATING REVERSE PHASE – HIGH PERFORMANCE LIQUID CHROMATOGRAPHY METHOD FOR ESTIMATION OF IMEGLIMIN' the RP- HPLC is analytical techniques in which separation of active constituent from in a mixture .The high-performance liquid chromatography (HPLC) of Shimadzu SCL-10AVP inbuilt with binary pump (LC-10ATVP), UV detector (SPD-10AVP), Rheodyne 20µl loop capacity manual injector (P/N 77251) was used throughout the analysis. The LC-Solution software was used to interpret the HPLC reports. Zodiac C18, 5µm; 150 x 4.6 mm ID., column purchased from UltraChrom Innovatives Pvt. Ltd was used throughout the analysis. Digital weighing balance (ME-204) purchased from Mettler-Toledo (USA), ultra-sonicator Labman® purchased from UltraChrom Ltd, India. Digital pH meter from MettlerToledo was purchased from (Mumbai-India). 50 µ micro-syringe was purchased from Hamilton USA. 0.20µ and 0.45µ nylon membrane filters were purchased from Phenomenex® Mumbai, India the developed analytical method for the estimation of imeglimin in both bulk and tablet formulation has obliged the ICH guidelines. As per the ICH guidelines, the developed method has complied the linearity range (calibration data), accuracy/drug recovery studies (%), repeatability, precision studies (intraday and interday/intermediate), and robustness. Moreover, as per the ICH guidelines, the system suitability test performed for imeglimin has achieved all guidelines; including, tailing factor (T), separation factors (α) , theoretical plates (N), capacity factor (k'), resolution ® and RSD (%). The validated stress degradation studies under thermal, oxidative, alkali and acid ascertained few degradation products for imeglimin.

Hence, this developed and validated method for investigation by reverse phase high performance liquid chromatography (RP-HPLC) can be used for routine analysis of estimation of imeglimin from marketed formulation.

Introduction

High Performance Liquid Chromatography (HPLC) was derived from the classical column chromatography and, is one of the most important tools of analytical chemistry today. The principle is that a solution of the sample is injected into a column of a porous material (stationary phase) and a liquid

(mobile phase) is pumped at high pressure through the column. The separation of sample is based on the differences in the rates of migration through the column arising from different partition of the sample between the stationary and mobile phase.

Fig NO.1 : schematic representation of RP- HPLC

Instrumentation

The high-performance liquid chromatography (HPLC) of Shimadzu SCL-10AVP inbuilt with binary pump (LC-10ATVP), UV detector (SPD-10AVP), Rheodyne 20µl loop capacity manual injector (P/N 77251) was used throughout the analysis. The LC-Solution software was used to interpret the HPLC reports. Zodiac C18, 5µm; 150 x 4.6 mm ID., column purchased from UltraChrom Innovatives Pvt. Ltd was used throughout the analysis. Digital weighing balance (ME-204) purchased from Mettler-Toledo (USA), ultra-sonicator Labman® purchased from UltraChrom Ltd, India. Digital pH meter from Mettler-Toledo was purchased from (Mumbai-India). 50 µ micro-syringe was purchased from Hamilton USA. 0.20µ and 0.45µ nylon membrane filters were purchased from Phenomenex® Mumbai, India.

Method development

Analytical method development and validation studies play an important role in discovery, development and manufacture of pharmaceuticals. These methods used to ensure the identity, purity, potency, & performance of the pharmaceutical drug products. There are many factors to consider when developing methods. The initially collect the information about the analyte's physicochemical properties (pKa, log P, solubility) and determining which mode of detection would be suitable for analysis (i.e., suitable wavelength in case of UV detection)

The majority of the analytical development effort goes into validating a stability indicating HPLC– method. The goal of the HPLC-method is to try & separate quantify the main active drug, any reaction impurities, all available synthetic inter-mediates and any degradants. Steps involve in method development are:

E-ISSN: 2582-2160 · Website: www.ijfmr.com · Email: editor@ijfmr.com

- 1. Understand the physicochemical properties of drug molecule.
- 2. Set up HPLC conditions.
- 3. Preparation of sample solution for method development.
- 4. Method optimization.
- 5. Validation of method

Method Validation studies

Validation of an analytical procedure is the process by which it is established, by laboratory studies, that the performance characteristics of the procedure meet the requirements for its intended use. The methods validation process for analytical procedures begins with the planned and systematic collection by the applicant of the validation data to support analytical procedures. All analytical methods that are intended to be used for analyzing any clinical samples will need to be validated. The validation of analytical methods is done as per ICH guidelines. Components of method validation studies which have to be evaluated during methods validation are as follows

System Suitability test

- **Repeatability**
- Precision studies (Intraday and Interday/intermediate)
- Linearity/Calibration studies
- Detection limit (LOD)
- Quantitation limit (LOQ)
- Robustness
- Accuracy/Drug recovery studies
- Forced degradation/Stability indicating studies
- Peak retention time.
- Peak tailing,
- Capacity factor (k') ,

1. Repeatability

Repeatability is the variation experienced by a single analyst on a single instrument. It does not distinguish between variation from the instrument or system alone and from the sample preparation process. During validation, repeatability is performed by analyzing multiple replicates of an assay composite sample by using the analytical method [63,65]. The recovery value is calculated. Intermediate precision is the variation within a laboratory such as different days, with different instruments, and by different analysts. The precision is then expressed as the relative standard deviation. 2. Precision studies The precision of an analytical method is the degree of agreement among individual test results obtained when the method is applied to multiple sampling of a homogenous sample. Precision is a measure of the reproducibility of the whole analytical method (53). It consists of two components: repeatability and intermediate precision or system alone and from the sample preparation process. During validation, repeatability is performed by analyzing multiple replicates of an assay composite sample by using the analytical method. The recovery value is calculated.

2. Linearity

Linearity is the ability of analytical procedure to obtain a response that is directly proportional to the co-

E-ISSN: 2582-2160 · Website: www.ijfmr.com · Email: editor@ijfmr.com

ncentration (amount) of analyte in the sample. If the method is linear, the test results are directly or by well-defined mathematical transformation proportional to concentration of analyte in samples within a given range. Linearity is usually expressed as the confidence limit around the slope of the regression line. Range is defined as the interval between the upper and lower concentrations of analyte in the sample for which it has been demonstrated that the analytical procedure has a suitable level of precision, accuracy, and linearity.

3. Detection limit (LOD)

The detection limit (DL) or limit of detection (LOD) of an individual procedure is the lowest amount of analyte in a sample that can be detected but not necessarily quantitated as an exact value (). In analytical procedures that exhibit baseline noise, the LOD can be based on a signal-to-noise (S/N) ratio (3:1), which is usually expressed as the concentration of analyte in the sample.(book) The signal-to-noise ratio is determined by: $s = H/h$ Where $H =$ height of the peak corresponding to the component. $H =$ absolute value of the largest noise fluctuation from the baseline of the chromatogram of a blank solution.

4. Limit of Quantification (LOQ)

The limit of Quantitation (LOQ) or Quantitation limit of an individual analytical procedure is the lowest amount of analyte in a sample that can be quantitatively determined with suitable precision and accuracy [54]. For analytical procedures such as HPLC that exhibit baseline noise, the LOQ is generally estimated from a determination of S/N ratio (10:1) and is usually confirmed by injecting standards which give this S/N ratio and have an acceptable percent relative standard deviation as well.

5. Robustness studies of HPLC

Robustness is defined as the measure of the ability of an analytical method to remain unaffected by small but deliberate variations in method parameters (e.g. pH, mobile phase composition, temperature and instrumental settings) and provides an indication of its reliability during normal usage. Determination of robustness is a systematic process of varying a parameter and measuring the effect on the method by monitoring system suitability and/or the analysis of samples.

6. Accuracy or Drug recovery studies

Accuracy is the nearness of a measured value to the true or accepted value. Accuracy indicates the deviation between the mean value found and the true value (43). Lt is determined by applying the method to samples to which known amounts of analyte have been added. These should be analysed against standard and blank solutions to ensure that no interference exists. The accuracy is then calculated from the test results as a percentage of the analyte recovered by the assay. It may often be expressed as the recovery by the assay of known, added amounts of analyte.

7. Forced degradation and stability indicating studies

Chemical stability of pharmaceutical molecules is a matter of great concern as it affects the safety and efficacy of the drug product. The FDA and ICH guidance state the requirement of stability testing data to understand how the quality of a drug substance and drug product changes with time under the influence of various environmental factors.

8. Tailing factor

Our treatment of chromatography in this section assumes that a solute elutes as a symmetrical Gaussian peak, such as that shown in Figure 1 as dotted line. This ideal behaviour occurs when the solute's partition coefficient, KD is the same for all concentrations of solute

$$
KD = [Ss] / [Sm]
$$

 $[S]s=$ concentration of solute in the stationary phase,

 $[S]m =$ concentration of in the mobile phase,

Material and method

1. Reagents

HPLC grade acetonitrile and deionised water were purchased from Merck (Mumbai, India). 0.20 μ and 0.45µ nylon membrane filters were used and purchased from UltraChrom Innovatives Pvt. Ltd. (India). All other chemicals and reagents were used of analytical grade.

2. Standard stock solutions

Standard stock solution of marketed formulation was prepared by dissolving 10 mg of the drug in 10 ml of acetonitrile-methanol-water (4:4:2 v/v) in a 20 mL volumetric flask. Furthermore, freshly prepared sample solution was sonicated for 10-20 minutes and filtered through 0.20µ nylon filters. Required serial dilution was made for evaluating the validation studies

3. Chromatographic conditions

Chromatographic separation was achieved on Acclaimed mix-mode HILIC-1 (150 mm \times 4.6 mm, 5µm) applying an isocratic elution based on water- acetonitrile $(40:60, v/v)$ as a mobile phase. The ultraviolet detector was operated at 230 nm. The buffer solution was filtered through 0.2 µm nylon membrane filter and degassed for 10-20 min in an ultrasonic bath prior to its use. The mobile phase was pumped through the column at a flow rate of 1.1 mL min-1. The column temperature was adjusted to 28◦C and the injection volume was 20 µL.

4. Sample preparation for drug recovery studies

Exactly 10-20 tablets of marketed formulation was containing 500 mg of were weighed separately and then crushed to the fine powder. An accurately weighed 10 mg amount of the finely powder was transferred to 25 mL volumetric flask. It was then mixed with 10 mL of equal volume of acetonitrilemethanol-water (4:4:2, v/v) and sonicated for 20 mins. Furthermore, the solution was filtered through 0.20µ filter and then analysed with HPLC technique.

5. Sample preparation for Linearity/Calibration studies

Accurately measured aliquots of stock solutions equivalent to 32.15-500 µg, of REM, respectively were transferred separately into a series of 10 mL volumetric flasks. The final volume was adjusted with same mobile phase, and then 20 μ L were injected into HPLC. A calibration curve (linearity graph) was plotted by calculating peak area against concentration.

6. Precision studies of the proposed method

Nine similar concentrations of the marketed formulation (100 ppm) was analyzed within the same day (intraday precision), using the chromatographic condition Similarly, the same concentrations (100 ppm) of marketed formulation were analyzed in 3 successive days using the same chromatographic condition to determine the intermediate precision.

7. Robustness for the chromatographic method

The flow rate of the mobile phase was changed by ± 1 decimal from 1 mL/min to 1.1 mL/min and to 0.9 mL/min to evaluate the effect of the flow rate; similarly, the variation of organic modifier used as acetonitrile was changed by $\pm 2\%$ from 70% to 72% and 68% to monitor the peak area and retention time. Finally, the effect of wavelength was monitored by making deliberate variation from 230 to 228 and 232 nm and the differences in system suitability parameters such as retention time, peak tailing, capacity factor, resolution and theoretical plates were tested and evaluate Discussion

Results and discussion

1.1. UV spectral analysis of imeglimin

UV spectra of imeglimin

1.2. Application of new proposed RP-HPLC method

After comprehensive literature survey, there are very few HPLC analysis of imeglimin have been reported. Moreover, the reported article has used the C18 based RP-HPLC for the quantification of imeglimin. However, since the imeglimin is highly polar diabetic drug so it hardly retains in C18 based RP-HPLC. Moreover, it is recently approved in the indian market so very few studies have been done on this particular drug.

Therefore, owing to it polar nature, alternative technique like Mix-Mode chromatography have been attempted. Most particularly, Acclaimed mix mode HILIC-1, 5µ column; 150 x 4.6 mm exhibited the good peak symmetry and height. Moreover, it improved peak sensitivity at 230 nm UV detection since as shown in figure 6.1 its λmax value is almost 230 nm; Importantly, along with method development and validation studies its force degradation studies have also been performed.

1.3 C18 based reverse phase HPLC

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Peak# $\begin{array}{c} \n\text{Ret.} \\
\text{Time}\n\end{array}$ Ret. $\begin{array}{|c|c|c|}\n\hline\n\text{Time} & \text{Area} & \text{Height} & \frac{\text{Area}}{\%} \\
\hline\n\end{array}$ % T. Plate# Resolutio n k 'Tailing F. Separatio n imeglimi n 2.224 $|^{2841193}$ 1 153768 1 $100 \t 556.12 \t - \t 0 \t 2.236 \t 0$

Table No. 1.2; 1st trial of HPLC analysis of imeglimin HCl

Chromatographic Parameters

- 1. Analytes: Imeglimin (100ppm)
- 2. Column: Zodiac C18; 5µ, 150 X 4.6 mm. ID.
- 3. Mobile Phase: 15 mM KH2PO4- acetonitrile; 10:80 v/v
- 4. Flow rate: 1 ml/min
- 5. Elution mode: Isocratic elution mode
- 6. Wavelength selected: 230 nm
- 7. Temperature: Room temperature
- 8. Run time: 20 mins
- 9. Retention time: imeglimin (2.22 min)

Figure 1.3; 2nd trial of imeglimin (2.09 min) at flow rate 1 mL/min

Chromatographic Parameters

- 1. Analytes: Imeglimin (100ppm)
- 2. Column: Zodiac C18; 5µ, 150 X 4.6 mm. ID.

- 3. Mobile Phase: 15 mM formic acid- acetonitrile; 10:80 v/v
- 4. Flow rate: 1 ml/min
- 5. Elution mode: Isocratic elution mode
- 6. Wavelength selected: 230 nm
- 7. Temperature: Room temperature
- 8. Run time: 20 mins
- 9. Retention time: imeglimin (2.09 min)

Figure 1.4; Method development of imeglimin (4.44 min) at flow rate 1 mL/min

Peak#	Ret. Time Area			Height Area% T Plate#		Resolution $\vert k' \vert$		Tailing F.
	1.336	48103	3643	$\vert 0.5599 \vert 256.416 \vert$				1.507
imeglimin $ 4.449$					8542803 770826 99.4401 3901.801 10.066		2.331	1.054

Table No. 1.4; method development parameters of imeglimin

1.2 Chromatographic Parameters

- 1. Analytes: Imeglimin (100ppm)
- 2. Column: Mix-mode HILIC-1; 5µ, 150 X 4.6 mm. ID.
- 3. Mobile Phase: 10mM ammonium acetate acetonitrile; 70:30 v/v
- 4. Flow rate: 1 mL/min
- 5. Elution mode: Isocratic elution mode
- 6. Wavelength selected: 230 nm
- 7. Temperature: Room temperature
- 8. Run time: 10 minutes
- 9. Retention time: imeglimin (4.44 min)

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

1.5. System suitability tests for Imeglimin

Table No. 1.6; System suitability data of imeglimin

System System system suitability test included the theoretical plate (N), capacity factor (k'), resolution (R), separation factor (α), tailing factor (*T*), Mean \pm SD and RSD% which should always less than 2% for 6 repeatetive injections of same concentration. Table No. 6.2; displayed the system suitability studies for imeglimin

1.6. Method validation

The method was validated according to ICH guidelines

1.7. Repeatability

.

Implementing the procedure mentioned under section (), the freshly prepared stock solution of imeglimin of same concentrations (100 μg/mL), were evaluated for six injections within the same day. The % RSD was calculated and found it is less than 2%; shown in (Table 6.2).

Table 1.7; Repeatability data of imeglimin

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

1.7.1. Intraday precision:

Implementing the procedure mentioned under section (5.5), the freshly prepared stock solution of IMEGLIMIN of three replicates of three same concentrations; 250ppm were tested and evaluated within the same day (intra-day precision). The %RSD was calculated and found less than 2%; shown in (Table 1.4).

Table 1.8; Intraday Precision data of imeglimin

1.7.2. Interday (intermediate) precision:

Implementing the procedure mentioned under section (5.5), the stock solution of IMG of three replicates of three different concentrations; 250 ppm, were tested and evaluated in three successive days (interday/intermediate precision). The %RSD was calculated and found less than 2%; shown in (Table 6.5).

Table 1.9; Interday (intermediate) Precision data of imeglimin

The above-mentioned concentrations were analyzed on three successive days using, the procedure mentioned under section (2.7). The % RSD was calculated and the results are shown in (Table 2).

1.8. Linearity

Under linearity or calibration studies, a linear relationship between area under peak values and selected drug concentration was plotted for five chosen concentrations (100, 50, 25, 12.5 and 6.25 µg/ml) of each drug. The regression equations, correlation regression coefficient values (R^2) , standard error of intercept (S_e) , standard deviation of intercept (S_a) , limit of detection (LOD) and limit of quantification (LOQ) were calculated and displayed in table 6.6. Limit of detection (LOD) which represents the concentration of analyte at S/N ratio of 3.3 and limit of quantification (LOQ) at which S/N is 10 were determined and results are given in (Table 6.10). Low values of LOD and LOQ indicate sensitivity of the applied method for determination of the mentioned drugs in tablets.

	Name of Drug; Imeglimin (IMG)				
S. No.	Concentration $(\mu g/mL)$	Area	Average (Mean)		
	100 PPM	8962176			
$\mathbf{1}$	100 PPM	8949721	8955948		
$\overline{2}$	50 PPM	4411430	4494852		
	50 PPM	4578275			
3	25 PPM	2124505	2092642		
	25 PPM	2060779			
$\overline{4}$	12.5 PPM	931288	969040		
	12.5 PPM	1006792			
5	6.25 PPM	682023	689029		
	6.25 PPM	696035			
6	Regression Equation		y=90566x - 93127		
$\overline{7}$	Correlation coefficient (R^2)				
8	Std. Error of intercept	60411.15222			
9	Std. Dev. of intercept	135083.443			
10	LOQ	14.92 μ g/ml			
11	LOD	$4.47 \mu g/ml$			

Table 1.10; Linearity data of imeglimin

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Fig. 1.5; Calibration curve of imeglimin

1.9. Robustness for the chromatographic method

Robustness was attempted by deliberately changing the chromatographic conditions to evaluate the difference in resolution, capacity factor, peak height and peak width (tailing factor). Robustness was studied for IMG, results obtained was displayed in Table 6.11. As resulted, the flow rate of the mobile phase was changed from 1 mL/min to 1.1 mL/min and 0.9 mL/min; results shown in table 6.11. Similarly, the effect of deliberate changes in organic modifier considered as acetonitrile composition $(70\pm2\%)$ evaluated to understand the separation behaviour of imeglimin. Finally, the wavelength was changed by ± 2 nm and the effect on its sensitivity was evaluated and reported in Table 6.11.

Table No. 1.8; effect of flow rate 1.1 ml/min on imeglimin

Figure 1.7; Chromatograph of imeglimin at 0.9 ml/min flow rate

Figure 1.9; robustness studies, effect of acetonitrile 68 %

Figure 1.8; robustness studies, effect of wavelength 228 nm

Peak#	Ret. Time Area		Height	Area%	T.Plate#	Resolution k'		Tailing F.
	1.327	22131	2726	0.2523	545.748	--		0.871
imeglimin 4.984		8748478	711879	99.7477	4027.292 13.51		$2.756 \mid 1.016$	

Table No. 1.13; effect of wavelength (-2nm); 228 nm on imeglimin

From all above robustness studies by making deliberated changes in flow rate $(\pm 0.1 \text{mL/min})$, organic modifier used as acetonitrile $(\pm 2\%)$ have made some changes in retention time of imeglimin, where reducing both composition and flow rate decrease the retention time and increasing them, increases the

retention time. and wavelength (230 \pm 2nm) have not made any significant changes in resolution, capacity factor and tailing factor. Nonetheless, it seems minute changes in robustness studies have not made any significant changes in theoretical plate counts and peak area. The results have been displayed in table No. 6.14.

1.3.6. Accuracy or drug recovery studies

Accuracy of the results was calculated by percentage recovery of 3 different concentrations of each drug. The results including the mean of the recovery and standard deviation as shown in (Table 2).

Figure No.1.9; recovery studies of imeglimin at 100%

Peak#	Ret. Time Area		Height $ $ Area%			\mid T. Plate# Resolution k'		Tailing F.
	1.327	22131	2726	0.2523	545.748	$-$		0.871
imeglimin $\vert 4.984 \vert$		8042802 711879 99.7477			\vert 4027.292 13.51		$2.756 \mid 1.016$	

Table No. 1.15; drug recovery studies of imeglimin at 100%

Peak#	Ret. Time Area		Height	Area%	T. Plate#	Resolution k'		Tailing F .
	1.327	22131	2726	0.2523	545.748	--		0.871
imeglimin 4.984		8748478	1711879	99.7477	4027.292 13.51		2.756	1.016

Table No. 1.15; drug recovery studies of imeglimin at 120%

Figure No. 1.10; recovery studies of imeglimin at 100%

Peak#	Ret. Time Area		Height	Area%	T. Plate#	\vert Resolution \vert k'		Tailing F.
	1.327	22131	2726	0.2523	545.748	--		0.871
imeglimin 4.984		7009040	711879	99.7477	4027.292	13.51	2.756	1.016

Table No. 1.15; drug recovery studies of imeglimin at 100%

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Figure No. 1.11; force degradation studies, effect of 0.1N HCl on imeglimin

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Figure No. 1. 12; force degradation studies, effect of 0.1NaOH on imeglimin

E-ISSN: 2582-2160 · Website: www.ijfmr.com · Email: editor@ijfmr.com

Table No. 1.18; effect of 3% H2O2 on imeglimin

Figure 1.14; force degradation studies, effect of temperature

Peak#	Ret. Time	Area	Height	Area%	T.Plate#	k'	Tail F.
	1.337	49925	5727	1.1462	491.469	θ	1.196
2	1.773	42678	7279	0.9798	1802.604	0.326	1.075
3	2.071	49329	4172	1.1325	481.795	0.549	
$\overline{4}$	2.248	74812	8229	1.7176	1197.164	0.681	$-$
	2.747	78206	13243	1.7955	323.031	1.055	$- -$
6	2.867	186038	23061	4.2712	1849.769	1.144	$- -$
7	3.294	99450	11757	2.2832	3242.624	1.464	1.22
imeglimin	4.982	3775251	333683	86.674	5165.526	2.725	1.062

Table No. 1.19; effect of 45*C temperature

Table No. 1.15; effect of force degradation studies on imeglimin From above studies, it was

Conclusion

From all above results and discussion, it has been concluded that the developed analytical method for the estimation of imeglimin in both bulk and tablet formulation has obliged the ICH guidelines. As per the ICH guidelines, the developed method has complied the linearity range (calibration data), accuracy/drug recovery studies (%), repeatability, precision studies (intraday and interday/intermediate), and robustness. Moreover, as per the ICH guidelines, the system suitability test performed for imeglimin has achieved all guidelines; including, tailing factor (*T*), separation factors (α), theoretical plates (*N*), capacity factor (*k'*), resolution (*R*) and RSD (%). The validated stress degradation studies under thermal, oxidative, alkali and acid ascertained few degradation products for imeglimin.

Hence, this developed and validated method for investigation by reverse phase high performance liquid chromatography (RP-HPLC) can be used for routine analysis of estimation of imeglimin from marketed formulation.

References

- 1 Holman RR, *et al.* (2008). 10-year follow-up of intensive glucose control in type 2 diabetes. N Engl J Med, 359:1577–1589.
- 2 UK Prospective Diabetes Study (UKPDS) Group: Effect of intensive blood glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34), *Lancet*, 1998, 352:854–865.
- 3 Giugliano D., *et al*., (2009). Is the current therapeutic armamentarium in diabetes enough to control the epidemic and its consequences? What are the current shortcomings? *Acta Diabetology*, 46:173– 181.
- 4 Pirags, V., Lebovitz, H., & Fouqueray, P. (2012). Imeglimin, a novel glimin oral antidiabetic, exhibits a good efficacy and safety profile in type 2 diabetic patients. *Diabetes, Obesity and Metabolism*, *14*(9), 852-858.
- 5 Fouqueray P, Pirags V, Diamant, M, et al. (2014). The efficacy and safety of imeglimin as add-on therapy in patients with type 2 diabetes inadequately controlled with sitagliptin monotherapy. *Diabetes care*, *37*(7), 1924-1930.
- 6 Fouqueray P, Pirags V, Inzucchi SE, et al (2013). The efficacy and safety of imeglimin as add-on therapy in patients with type 2 diabetes inadequately controlled with metformin monotherapy. Diabetes care, 36(3), 565-568.
- 7 Crabtree, TS, DeFronzo RA, Ryder RE, Bailey CJ. (2020). Imeglimin, a novel, first in-class, blood glucose-lowering agent: a systematic review and meta-analysis of clinical evidence. British Journal of Diabetes, 20(1), 28-31.
- 8 Yaribeygi H, Maleki M., Sathyapalan T, et al. (2020). Molecular mechanisms by which imeglimin improves glucose homeostasis. Journal of Diabetes Research, 2020.
- 9 Herder C, Roden M. (2011). Genetics of type 2 diabetes: pathophysiologic and clinical relevance. European journal of clinical investigation, 41(6), 679-692.
- 10 Moller DE, Flier JS. (1991). Insulin resistance—mechanisms, syndromes, and implications. New England Journal of Medicine, 325(13), 938-948.
- 11 Kasuga, M. (2006). Insulin resistance and pancreatic β cell failure. The Journal of clinical investigation, 116(7), 1756-1760.
- 12 Kahn, S. E., Cooper, M. E., Del Prato, S. (2014). Pathophysiology and treatment of type 2 diabetes:

E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

perspectives on the past, present, and future. The Lancet, 383(9922), 1068-1083.

- 13 Kahn, S. E., Zraika, S., Utzschneider, K. M., Hull RL. (2009). The beta cell lesion in type 2 diabetes: there has to be a primary functional abnormality. Diabetologia, 52, 1003-1012.
- 14 Deng, S., Vatamaniuk, M., Huang, X., Doliba, N., Lian, MM, et al. (2004). Structural and functional abnormalities in the islets isolated from type 2 diabetic subjects. Diabetes, 53(3), 624-632.
- 15 Del Guerra, S., Lupi, R., Marselli, L., Masini, M., et al, (2005). Functional and molecular defects of pancreatic islets in human type 2 diabetes. Diabetes, 54(3), 727-735.
- 16 Butler, A. E., Janson, J., Bonner-Weir, S., Ritzel, R, et al. (2003). β-cell deficit and increased β-cell apoptosis in humans with type 2 diabetes. Diabetes, 52(1), 102-110.
- 17 Rahier J, Guiot Y, Goebbels RM., et al. (2008). Pancreatic β‐cell mass in European subjects with type 2 diabetes. Diabetes, Obesity and Metabolism, 10, 32-42.
- 18 Anello M, Lupi R, Spampinato D, et al, (2005). Functional and morphological alterations of mitochondria in pancreatic beta cells from type 2 diabetic patients. Diabetologia, 48, 282-289.
- 19 Ma, ZA, Zhao Z, Turk J. (2012). Mitochondrial dysfunction and β-cell failure in type 2 diabetes mellitus. Experimental diabetes research, 2012.
- 20 Haythorne, E., Rohm, M., Bunt, M., et al, (2019). Diabetes causes marked inhibition of mitochondrial metabolism in pancreatic β-cells. Nature communications, 10(1), 2474.
- 21 Lowell BB, Shulman GI. (2005). Mitochondrial dysfunction and type 2 diabetes. Science, 307(5708), 384-387.
- 22 Kim, JA, Wei Y, Sowers JR. (2008). Role of mitochondrial dysfunction in insulin resistance. Circulation research, 102(4), 401-414.
- 23 Gonzalez-Franquesa, A, Patti ME. (2017). Insulin resistance and mitochondrial dysfunction. Mitochondrial Dynamics in Cardiovascular Medicine, 465-520.
- 24 Petersen, M. C., & Shulman, G. I. (2018). Mechanisms of insulin action and insulin resistance. Physiological reviews.
- 25 Maassen, J. A., 't Hart, L. M., Van Essen, E., et al. (2004). Mitochondrial diabetes: molecular mechanisms and clinical presentation. Diabetes, 53(suppl_1), S103-S109.
- 26 Pinti, MV, Fink GK, Hathaway QA, Durr AJ, et al (2019). Mitochondrial dysfunction in type 2 diabetes mellitus: an organ-based analysis. American Journal of Physiology-Endocrinology and Metabolism.
- 27 Muoio DM. (2014). Metabolic inflexibility: when mitochondrial indecision leads to metabolic gridlock. Cell, 159(6), 1253-1262.
- 28 Houstis N, Rosen ED, Lander ES. (2006). Reactive oxygen species have a causal role in multiple forms of insulin resistance. Nature, 440 (7086), 944-948.
- 29 Anderson, E. J., Lustig, M. E., Boyle, K. E., et al, (2009). Mitochondrial H 2 O 2 emission and cellular redox state link excess fat intake to insulin resistance in both rodents and humans. The Journal of clinical investigation, 119(3), 573-581.
- 30 Cantó, C., Menzies, K. J., et al, (2015). NAD+ metabolism and the control of energy homeostasis: a balancing act between mitochondria and the nucleus. Cell metabolism, 22(1), 31-53.
- 31 Katsyuba, E., Romani, M., Hofer, D., et al, (2020). NAD+ homeostasis in health and disease. Nature metabolism, 2(1), 9-31.
- 32 Yang, H., Yang, T., Baur, J. A., et al, (2007). Nutrient-sensitive mitochondrial NAD+ levels dictate cell survival. Cell, 130(6), 1095-1107.

- Okabe, K., Yaku, K., Tobe, K., et al, (2019). Implications of altered NAD metabolism in metabolic disorders. Journal of biomedical science, 26(1), 1-13.
- Buse, J. B., Wexler, D. J., Tsapas, A., Rossing, P., et al, (2020). 2019 update to: management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetes care, 43(2), 487- 493.
- Clapham, J. C. (2020). Sixty years of drug discovery for type 2 diabetes: where are we now?. Type 2 Diabetes: Methods and Protocols, 1-30.
- Lindholm J. (2004). Development and Validation of HPLC Method for Analytical and Preparative Purpose, Acta Universities Upsaliensis Uppsala, 2004; 13-14.
- Jeffery GH, Bassett J, Mendham J, Denny RC, Vogel's Textbook of Quantitative Chemical Analysis, fifth edition, Longman scientific & technical.
- Kaushal C, Srivastava B, A Process of Method Development: A Chromatographic Approach. J Chem Pharm Res, 2010; 2(2): 519-545.
- Patel RM., *et al,* (2011). Stability Indicating HPLC Method Development- A Review, *International Research Journal of Pharmacy*, 2, 79-8
- http://www.scribd.com/doc/9508765/Physical-Properties-of-Drug.
- Buffers and pH Buffers: available from:
- www.xtremepapers.com.
- Understanding pH Buffers: which one to use, and at what concentration: available from:
- www.laserchrom.co.uk.
- Technical Tips: Selecting Buffers pH in Reversed-phase HPLC: available from: download.5117.com/data/file/30.pdf
- Reversed-phase HPLC Buffers: High Quality Buffers (solutions, solids or concentrates): available from: ccc.chem.pitt.edu/wipf/web/HPLC_RP_buffers.pdf
- Buffers and Buffering Capacity: available from: [www.bartek.ca.](http://www.bartek.ca/)
- Chandra M., Buffers: A guide for the preparation and use of buffers in biological system: available from: [www.calbiochem.com.](http://www.calbiochem.com/)
- How do I Develop an HPLC Method. [www.sgc.com.](http://www.sgc.com/)
- Columns from http://www.waters.com/watersdivision/pdf/ Ic3AC.pdf.
- Columns from [www.agilent.com.](http://www.agilent.com/)
- Columns from [www.phenomenex.com.](http://www.phenomenex.com/)
- Mayer ML, LC-GC, 1987; 14(10), 902- 905.
- Mayer ML, Am. Lab. 1997; 29, 34-37.
- Dean JA, Analytical Chemistry Handbook, Mc Graw-Hill, New York, 1995.
- Bliesner D.M., Validating Chromatographic Methods, john wliey & sons, Inc. 2006; 88-92.
- A Guide to Validation in HPLC Based on the Work of G.M. Hearn Perkin Elmer. R.A. van Iterson Drenthe College Emmen Holland for [www.standardbase.com.](http://www.standardbase.com/)
- Ngwa G., (2010). Forced Degradation Studies. Forced Degradation as an Integral part of HPLC Stability Indicating Method Development Drug Delivery Technology, 10, 225-228.
- International Conference on Harmonization (ICH); Q2 9(R1): technical requirements for registration of pharmaceuticals for human Use; validation of analytical procedures: text and methodology;
- International Conference on Harmonization of Technical Requirements for Registration of Pharmac-

euticals for Human Use (ICH), Geneva, Switzerland, (2005), pp. 1–13.

- 61 Kumar. SP, Pandiyan K., Rajagopal K. (2014). Development and Validation of Stability Indicating Rapid HPLC Method for Estimation of Ivabradine Hydrochloride in Solid Oral Dosage Form. *International Journal of Pharmaceutical Sciences, 6*, 378–382
- 62 ICH guideline Q8 (R2). Pharmaceutical Development, Current Step 4 version dated August 2009
- 63 ICH guideline Q2 (R1). (1996). Validation of analytical procedures: text and methodology, current step 4 versions. Methodology
- 64 Rao, RN., Nagaraju, V. (2003). An overview of the recent trends in development of HPLC methods for determination of impurities in drugs, *Journal of Pharmaceutical and Biomedical Analysis*, 33, 335-377
- 65 Sahu, PK., (2018). An overview of experimental designs in HPLC method development and validation, *Journal of Pharmaceutical and Biomedical Analysis*. 147, 590-611
- 66 Neue, UD., (2008). Peak capacity in uni-dimensional chromatography, *Journal of Chromatography A*, 1184, 107-130
- 67 Rao, RN., & Nagaraju, V., (2003). An overview of the recent trends in development of HPLC methods for determination of impurities in drugs, *Journal of Pharmaceutical and Biomedical Analysis*, 33, 335-377
- 68 Blessy, M., *et al.,* (2014). Development of forced degradation and stability indicating studies of drugs—A review, *Journal of Pharmaceutical Analysis*, 4, 159-165
- 69 Tamil Selvan, R., Senthilkumar, S. K., HARI, P. G., Elakkiya, A., Gayatri, M., Gokulraj, M., & Hajima, H. (2023). A Novel Method Development and Validation of Imeglimin HCl By UV Visible Spectroscopy. *International Journal of Pharmaceutical Sciences*, *1*(12), 1-1.
- 70 De Luca, C., Felletti, S., Franchina, F. A., Bozza, D., Compagnin, G., Nosengo, C., ... & Catani, M. (2023). Recent developments in the high-throughput separation of biologically active chiral compounds via high performance liquid chromatography. Journal of Pharmaceutical and Biomedical Analysis, 115794.
- 71 Lamb YN. Imeglimin Hydrochloride: First Approval. Drugs. 2021 Sep;81(14):1683-1690.
- 72 Hallakou-Bozec S, Vial G, Kergoat M, Fouqueray P, Bolze S, Borel AL, Fontaine E, Moller DE. (2021), Mechanism of action of Imeglimin: A novel therapeutic agent for type 2 diabetes. Diabetes Obes Metab.23(3):664-673.
- 73 Konkwo C, Perry RJ. Imeglimin: Current Development and Future Potential in Type 2 Diabetes. Drugs. 2021 Feb;81(2):185-190.
- 74 Shrestha SC, Gupta S. Imeglimin: the New Kid on the Block. Curr Diab Rep. 2024 Jan;24(1):13-18.
- 75 Doupis J, Baris N, Avramidis K. Imeglimin: A New Promising and Effective Weapon in the Treatment of Type 2 Diabetes. Touch REV Endocrinol. 2021 Nov;17(2):88-91.
- 76 Jain A , Soni LK, Sharma R, (2023), Development and validation of stability indicating RP-UHPLC method for the estimation of imeglimin hydrochloride used for the treatment of metabolic disorder diabetes mellitus, International Journal of Applied Pharmaceutics, 15, 6, 211-217