

Development and Validation of a New, Simple-HPLC Method for Simultaneous Determination of Ombitasvir, Paritaprevir, Ritonavir and Ribavirin in Tablet Dosage Form

Magdy Atef Wadie¹, Samia Mahmoud Mostafa², Sobhy Mohamed El.Ad³,
Mohamed Saleh Elgawish².

¹ Faculty of pharmacy, Zagazig University

² Medicinal chemistry Department, Faculty of pharmacy, Suez Canal University

³ Medicinal chemistry Department, Faculty of pharmacy, Zagazig University

Corresponding Author: Magdy Atef Wadie

Abstract: A sensitive, simple, selective and accurate HPLC method was developed and validated for simultaneous analysis of antiviral drugs, Ombitasvir, Paritaprevir, Ritonavir and Ribavirin that used for chronic hepatitis C virus genotype 4 infection in Egyptian patients with or without compensated cirrhosis. The chromatographic separation achieved by isocratic elution on a reversed-phase analytical column [Magellen[®] C18 (10 μ m, 150 x 4.6 mm) column] at ambient temperature. The mobile phase was a mixture of 0.1M Phosphate buffer (pH 7) and Acetonitrile in ratio of 25:75 (v/v), injection volume was 20 μ l, flow rate was 1ml/minute and detection wavelength was 243nm. The developed method was validated as per ICH guidelines; it was precise, accurate and robust. The calibration curves of the four drugs were linear in range: 5-150 μ g/ml for Ribavirin, 1.8-60 μ g/ml for Paritaprevir, and 2.5-50 μ g/ml for Ritonavir, 2.25-36 μ g/ml for Ombitasvir with a correlation coefficient ≥ 0.999 . The validated method was helpful for rapid routine analysis as the run time was less than 6 minutes; the retention time was 1.298, 2.82, 4.115 and 5.786 minute and LOD was found to be 1.2, 0.8, 0.7 and 0.06 μ g/ml and LOQ 3.6, 2.4, 2.1 and 0.21 μ g/ml for Ribavirin, Paritaprevir, Ritonavir and Ombitasvir respectively. The method was successfully applied to analysis of these drugs in their tablet dosage forms with accepted % recovery for each one.

Keywords: HPLC, Ombitasvir, Paritaprevir, Ribavirin, Ritonavir, Tablets

Date of Submission: 13-12-2017

Date of acceptance: 23-12-2017

I. Introduction

Chronic infection with hepatitis C virus (HCV) occurs in roughly 180 million people worldwide, and although genotype 1 accounts for roughly 48% of infections, distribution of the seven genotypes differs geographically. [1] Genotype 4 infections account for 13-20% of all HCV infections worldwide, but make up about 93% of all HCV cases in Egypt. [2,3]

The standard of care for treatment of genotype 4 infection in Egypt was the combination of sofosbuvir plus ribavirin, either with or without pegylated interferon, according to interferon eligibility. [4]

The direct-acting antiviral combination of ombitasvir, paritaprevir, and ritonavir plus ribavirin has achieved SVR12 in all 91 HCV treatment-naïve patients or pegylated interferon plus ribavirin treatment-experienced patients with genotype 4 infection. [5]

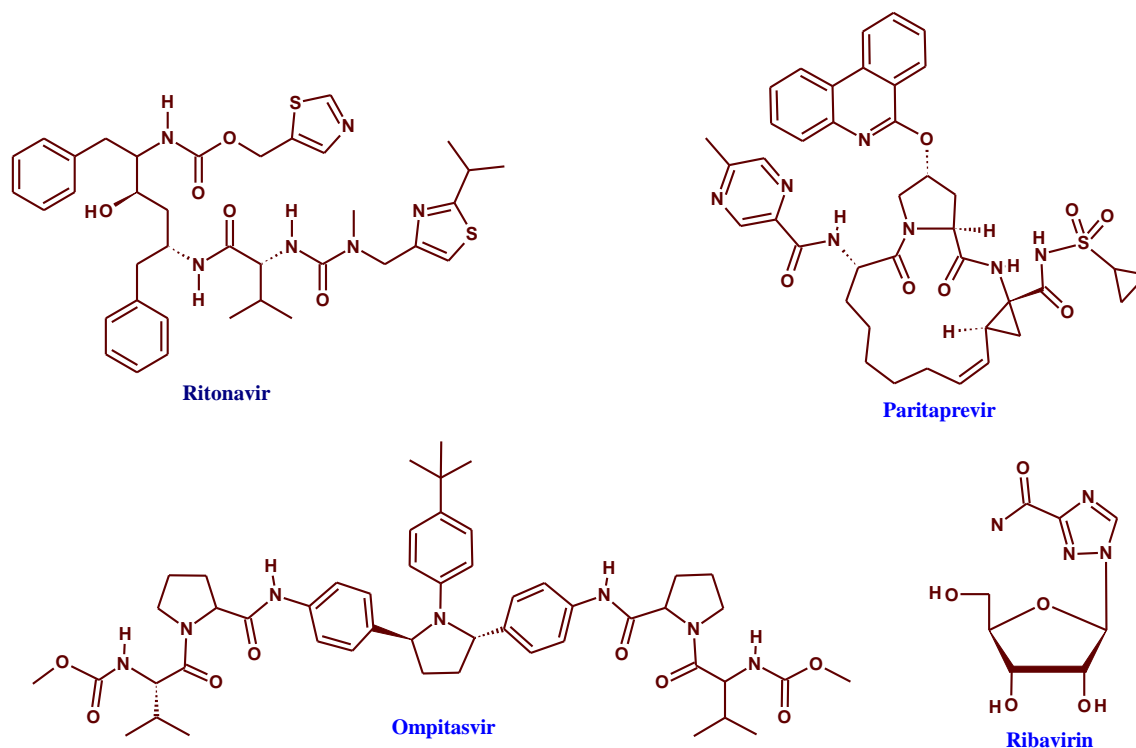
1.1. Ombitasvir [OMP], (fig.1.) is a potent NS5A inhibitor with broad antiviral activity against HCV genotypes 1a, 1b, 2a, 2b, 3a, 4a, and 6a. [6]

1.2. Paritaprevir [PAR], (fig.1.) an NS3/4A protease inhibitor (with the pharmacokinetic enhancer **Ritonavir**), has similarly broad genotypic activity against HCV genotypes 1a, 1b, 2a, 3a, 4a, and 6a. [7]

1.3. Ritonavir [RIT], an antiretroviral medication used along with other medications to treat HIV/AIDS [8]

1.4. Ribavirin [RBV], (fig.1.) synthetic nucleoside analog related to guanine. It inhibits the replication of a wide range of RNA and DNA viruses. [9]

There are several reported methods based on HPLC for analysis of RBV alone [10, 11, 12], one report for mixture of OMP, PAR, RIT [13] and one report for mixture of OMP, PAR, RIT with Dasabuvir [14]



(fig.1.) chemical structures of RIT, PAR, OMP, RBV

II. Experimental

2.1. Instrumentation:

HPLC apparatus is equipped with a G1311A Quaternary pump with Micro vacuum degasser (Agilent technologies 1200 series, USA), High performance auto-sampler plus (Agilent technologies 1200 series, USA), Diode array detector (DAD) (Agilent technologies 1200 series, USA). Computer with a software AgilentChemstation® (Agilent technologies 1200 series, USA) for data collection and analysis auto-sampler vials 1.8ml screw cap (Agilent technologies 1200 series, USA). The separation and quantitation were made on Magellen® C18 (5 µm, 150x4.6mm) column (Agilent technologies 1200 series, USA).

2.2. Material and chemical reagents:

All chemicals and reagents used were of HPLC grade. The drugs used in present study were obtained from Hetero drugs pvt.Ltd. Hyderabad. Commercially available Qurevo® tablets claimed to contain 12.5 mg Ombitasvir; 75 mg Paritaprevir and 50 mg Ritonavir and Copegus® 200 mg of Ribavirin film coated tablets, have been utilized in the present work.

2.3. Preparation of solutions:

2.3.1. Preparation of mobile phase:

The mobile phase was a mixture of acetonitrile and 0.1 M potassium dihydrogen orthophosphate (75:25, v/v; pH adjusted to 7 with sodium hydroxide). The mobile phase was filtered through 0.45-µm Nylon membrane filter and sonicated for 20 min.

2.3.2. Preparation of stock and working standards:

Stock standard solutions were prepared separately to give a final concentration of 1000 µg/ml for each through dissolving an accurately weighed amount (10 mg) in a total of 10 ml of the mobile phase.

Working solutions for the standard calibration graphs were prepared immediately before analysis by further dilutions of the stock solutions with the mobile phase to cover the concentration ranges of 5-150 µg/ml for RBV, 1.8-60 µg/ml for PAR, and 2.5-50 µg/ml for RIT, and 2.25-36 µg/ml for OMB. Three replicates each of 20 µl injections for each drug concentration level (simultaneously prepared) were made and directly chromatographed under the specified chromatographic conditions.

2.3.3. Preparation of pharmaceutical dosage forms samples:

The content of 20 tablets of Qurevo[®] and Copegus[®] was weighed and separately grinded to get homogenous powder. A portion of each finely powdered drug equal to one tablet (according to the label claimed), equivalent to 12.5 mg OMP; 75 mg PAR, 50 mg RIT and 200 mg RBV was accurately weighed and transferred to a 100 ml capacity volumetric flask. Thirty milliliters mobile phase were added to the mixture; the mixture was dissolved via ultra-sonication for 30 min at ambient temperature and then diluted to the mark with the mobile phase. The solutions were filtered through 0.45 μ m nylon membrane filter discs [MilliporeTM, Milford, MA] before use. Further dilution was carried out using the mobile phase to suit the concentration domain covered by the calibration graphs. The solutions were chromatographed using the HPLC conditions described above and the concentrations of OMP, PAR, RIT and RBV were calculated.

2.4. Chromatographic conditions:

The analysis was achieved on a reversed-phase analytical column [Magellen[®]C18 (5 μ m, 150x4.6mm) column (Agilent technologies 1200 series, USA).] at ambient temperature. The mobile phase was a mixture of Acetonitrile and 0.1 M potassium dihydrogen orthophosphate (75:25, v/v; pH adjusted to 7 with sodium hydroxide). The flow rate was 1 ml/min. The injection volume was 20 μ l. The UV detection wavelength was 243 nm. A freshly prepared mobile phase was passed on the column for 15 min before injection.

III. Results And Discussion

3.1. Method development and optimization:

Before development of HPLC method, important information was collected. The solubility of the three drugs OMP, PAR, RIT, was found to be higher in acetonitrile and for RBV in water but mix of Acetonitrile and phosphate buffer gave better symmetric peaks so this solvent mixture was selected for preparation of all solutions. The wavelength of detection was set regarding the drugs UV absorption spectra and their relative concentrations within the pharmaceutical formulations, the detection at λ 243 nm was the optimal wavelength for the four drugs.

Several mobile phase ratios were tried through the change of mobile phase composition. In initial trials, Acetonitrile, water and phosphate buffer and/or methanol were tried but it was observed that peak sharpness and theoretical plates numbers were not adequate so Acetonitrile and phosphate buffer mobile phase was selected for the best peak sharpness and plates and gave the best results with a reasonable retention times.

Finally, among these mobile phases a mixture of Acetonitrile and 0.1 M potassium dihydrogen orthophosphate (75:25, v/v; pH adjusted to 7 with sodium hydroxide). The flow rate was 1 ml/min. The injection volume was 20 μ l and UV detector was set at 243 nm. A reversed-phase analytical column [Magellen[®]C18 (5 μ m, 150x4.6mm) column] at ambient temperature was selected as optimum for the best peak symmetry, theoretical plates and retention time (Fig. 2).

The specificity of this HPLC method is illustrated at the typical chromatograms (Fig. 2), where complete separation of the drugs was noticed. The retention time for RBV, PAR, RIT and OMP was 1.298, 2.82, 4.115 and 5.786 minutes, respectively. The obtained peaks were sharp and had clear baseline separation.

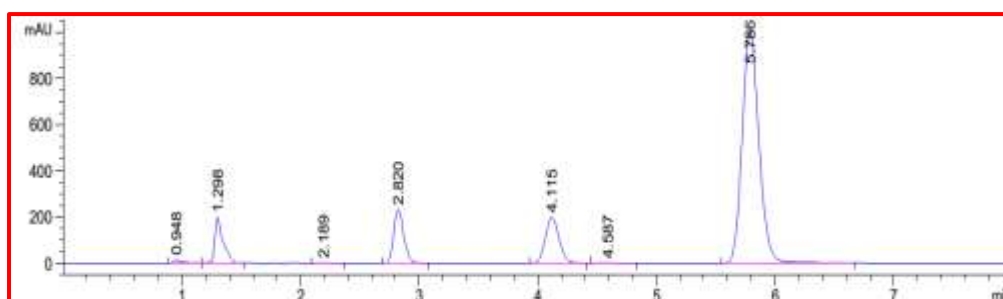


Fig. 2: HPLC chromatogram of Ribavirin, Paritaprevir, Ritonavir and Ombitasvir.

IV. Method Validation

Validation of the method was carried out according to ICH guidelines [15] to ensure that the method is suitable for its intended use. Linearity, accuracy, precision, ruggedness and robustness, all these parameters were tested and were found in acceptable limits.

4.1. Linearity and range (calibration curve):

The linearity of an analytical procedure is its ability (within a given range) to obtain test results which are either, directly or through mathematical transformation proportional to the concentration of the

analyte. This proposed HPLC method was assessed by least-squares linear regression analysis of the calibration curve[16]

Linearity of the method was tested for six concentrations of *RBV*, *PAR*, *RIT* and *OMP* in a range from 5-150µg/ml for *RBV*, 1.8-60 µg/ml for *PAR*, 2.5-50 µg/ml for *RIT*, and 2.25-36µg/ml for *OMP*(Table1). Each concentration was injected in triplicate and the mean value of the peak areas was imputed into a Microsoft Excel® spreadsheet program for the calibration curve plotting. The repeated runs were genuine repeats and not just repetitions at the same reading in which three replicate samples of each concentration level were prepared; this in order to provide information on the variation of the peak area between samples of the same concentration. The regression analyses revealed satisfactory correlations ($r = 0.9993 - 0.9999$), this, indicating a good linearity of the calibration graphs Fig.3.

Table 1. Characteristic parameters for the calibration equations of the proposed HPLC method for the simultaneous determination of *RBV*, *PAR*, *RIT* and *OMP*

	RBV		PAR		RIT		OMP	
	Conc. µg/ml	Peak area	Conc. µg/ml	Peak area	Conc. µg/ml	Peak area	Conc. µg/ml	Peak area
	5	94.82	2	90.7356	2.5	216.4568	2.25	833.42
	10	191.12	5	226.5897	5	539.2244	4.5	2338.62
	25	465.23	15	684.684	10	1076.126	9	4891.11
	50	970.22	30	1371.37	15	1607.975	18	9901.42
	100	1949.87	45	2115.002	30	3236.55	27	14965.32
	150	2811.12	60	2745.88	50	5344.477	36	19766.33
Slope (a)	18.919		46.187		107.51		552.96	
Intercept (b)	8.3234		2.8436		12.262		67.038	
Correlation coefficient (r²)	0.9993		0.9996		0.9998		0.9999	

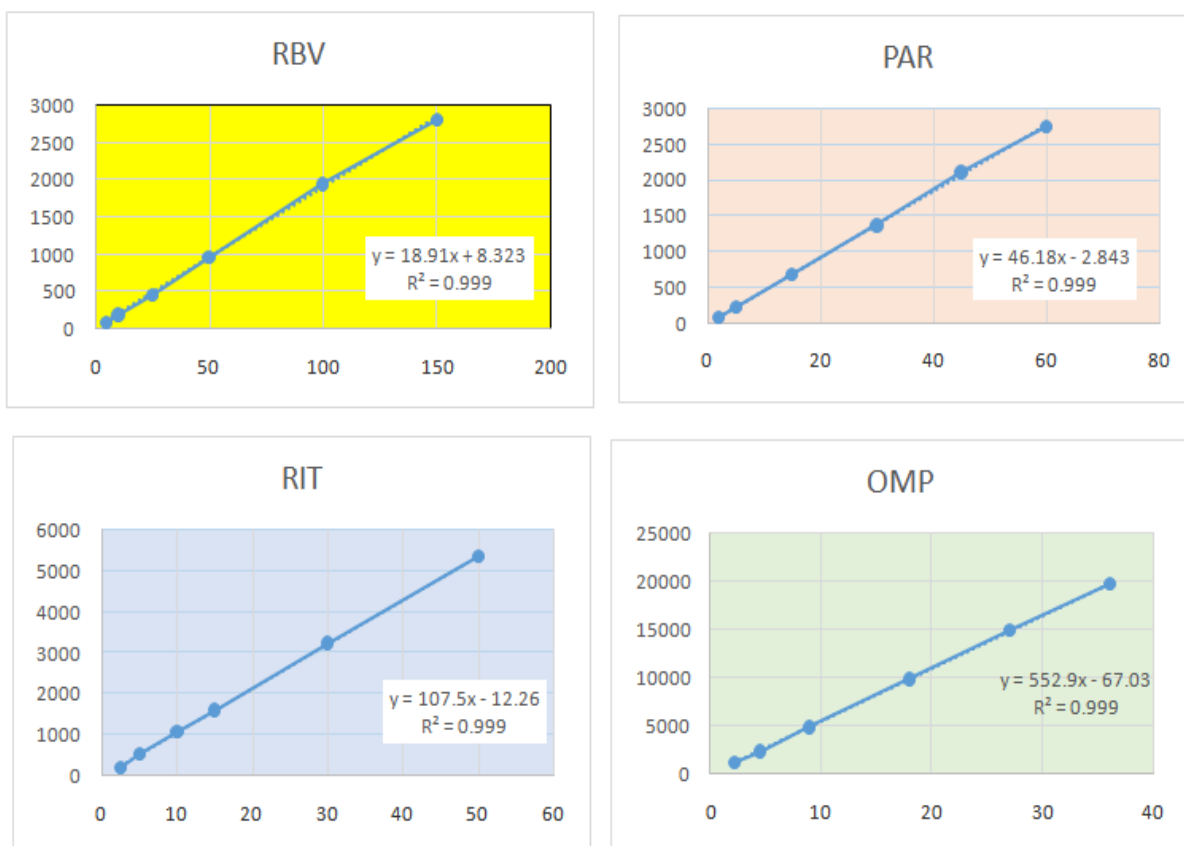


Fig. 3: Calibration curve of *RBV* (5-150µg/ml), *PAR* (1.8-60µg/ml), *RIT*(2.5-50 µg/ml), *OMP* (2.25-36µg/ml) using the proposed HPLC method with UV detection at 243 nm

Regression equation: $Y=aX+b$, where X is the concentration of the reference standard ($\mu\text{g/ml}$) and Y is the peak area

4.2. Precision: The precision of the proposed HPLC analysis was evaluated as repeatability and reproducibility levels; [15] using three independent concentrations of each drug. The repeatability (intra-day precision) studies were performed on the same day, whereas, that of the intermediate precision (inter-day precision) were checked by repeating these studies on three consecutive days. Every sample was injected in triplicates and both the retention times (t_R) and peak areas were determined. Within the examined time range, the peak area results presented in (Table 2) and show excellent precision for the method both during one analytical run and between different runs, with an intra-day and inter-day RSD (%), the range was 0.36–2.09 and 0.29–1.5, respectively.

Table 2. Results of the intra-day and inter-day precision in the assay of RBV, PAR, RIT and OMP using the proposed HPLC method

Drug	Conc. Taken $\mu\text{g/ml}$	Intra-day precision		Inter-day precision	
		Found $\mu\text{g/ml}$	% recovery \pm SD; RSD ^a %	Found $\mu\text{g/ml}$	% recovery \pm SD; RSD ^b %
RBV	25	24.58	98.35 \pm 0.24; 1.00	25.06	100.24 \pm 0.12; 0.50
	50	51.13	102.01 \pm 0.26; 0.51	50.7	101.42 \pm 0.4; 0.8
	100	101.43	101.43 \pm 0.24; 0.23	100.69	100.69 \pm 0.8; 0.79
PAR	5	4.91	98.33 \pm 0.07; 1.5	4.98	99.66 \pm 0.06; 1.3
	15	14.9	99.36 \pm 0.15; 1.5	15.01	100.05 \pm 0.11; 0.74
	30	30.01	100.02 \pm 0.17; 0.59	30.15	100.52 \pm 0.08; 0.29
RIT	10	9.95	99.5 \pm 0.06; 0.66	10.02	100.24 \pm 0.09; 0.92
	15	15.05	100.33 \pm 0.18; 1.19	15.11	100.79 \pm 0.14; 0.96
	30	30.41	101.38 \pm 0.37; 1.2	30.36	101.2 \pm 0.40; 1.5
OMP	3	3.02	100.55 \pm 0.06; 2.09	3.03	101.2 \pm 0.03; 1.14
	6	6.06	101.08 \pm 0.09; 1.5	6.08	101.4 \pm 0.06; 1.14
	9	9.11	101.26 \pm 0.05; 0.36	9.12	101.34 \pm 0.04; 0.49

^a Means, SD, and RSD (%), of three replicates on same day. ^b Means, SD and RSD (%), of three replicates on three consecutive days.

4.3. Accuracy: The accuracy of the proposed method, which is defined as the closeness or the nearness of the true and found values, was evaluated by measuring the drug recoveries by using the standard addition technique. The standard addition analysis involves the addition of three concentration levels of each drug standard solution (covering the linearity range and higher than LOQ) to pre-analyzed pharmaceutical samples containing; 20, 5, 5 and 3 $\mu\text{g.mL}^{-1}$ of RBV, PAR, RIT and OMP respectively. Each set of addition was repeated five times, and the results obtained were compared with those expected from the calibration curve, (Table 3).

4.4 Selectivity: The selectivity of the proposed method was checked by preparing five laboratory-prepared mixtures of the studied drugs at various concentrations within their linearity range. The laboratory-prepared mixtures were analyzed according to the previous procedure described under the proposed method. Satisfactory results were obtained as listed in (Table 4) indicating the high selectivity of the proposed method for simultaneous determination of the studied drugs

4.5. Robustness: Robustness relates to the capacity of the method to remain unaffected by small but deliberate variations introduced into the method critical parameters. So the method was evaluated within small variation in its parameter and was found to be robust. Robustness was examined by small change in the flow rate ($\pm 0.05\text{ml/min}$), in mobile phase composition ($\pm 1\%$) and in pH value (± 0.1). The relative standard deviation (RSD) results were shown in (Table 5, Table 6 and Table 7)

4.6. LOD & LOQ: The limit of detection (LOD) for an HPLC method is the lowest drug concentration that produces a response detectable above the noise level of the system, typically taken as three times the noise level. The limit of quantification (LOQ) is the lowest level of the drug that can be accurately measured, and it is often evaluated as ten times the noise level. Both quantities were evaluated regarding the International Conference on Harmonization (ICH) guidelines. LOD were found to be 1.2, 0.8, 0.7 and 0.06 $\mu\text{g/ml}$ and LOQ 3.6, 2.4, 2.1 and 0.21 $\mu\text{g/ml}$ for RBV, PAR, RIT and OMP respectively.

4.7 System suitability test: System suitability tests (SST) are based on the concept that the equipment, electronics, analytical operations and samples to be analyzed constitute an integral system that can be evaluated as such. These tests were performed in accordance with the BP guidelines to ensure adequate performance of both the chromatographic system and the equipment, for the analysis to be performed. The observed R.S.D. (%),

of the retention times regarding these repetitive injections, was considered satisfactory, meeting the BP recommendation (R.S.D. (%) < 1.0). Other chromatographic parameters were calculated from experimental data, such as; tailing factor (Tf) also known as peak asymmetry factor (As) and the apparent number of theoretical plates (N) and Capacity factor (k') of the peak. All of these parameters are usually employed in assessing the performance of the column. Results obtained from system suitability tests are presented in (Table 8). Good agreement was found when results were compared with recommended values.

4.8 Analytical solutions stability:

The solutions were stored in tightly capped volumetric flasks and wrapped with aluminum foil under reduced light conditions. It was found that RBV analytical solution exhibited no changes for at least 10 days when stored refrigerated at 4°C and for 24 hours when kept at room temperature. PAR, RIT and OMP analytical solutions in acetonitrile exhibited no changes for 14 days when stored refrigerated at 4°C and for 36 hours when kept at room temperature. Solutions of the studied compounds in the mobile phase exhibited no changes for 10 hours when kept at room temperature.

4.9. Analysis of pharmaceutical products:

The validated HPLC method was applied for the determination of RBV, PAR, RIT and OMP in pharmaceutical preparation using Copegus®, Qurevo® tablets respectively. Three replicated determinations were performed at each concentration level. Satisfactory results were obtained for each compound in good agreement with label claims (Table 9) The obtained results were compared statistically by Student's t-test (for accuracy) and variance ratio F-test (for repeatability) with USP official method [17] for RBV & the reported method [13, 14] for PAR, RIT and OMP. The results showed that the calculated t and F values were smaller than the critical values at 95% confidence limit indicating that there is no significant difference between the proposed and reported methods, (Table 9)

V. Conclusion

This study described a simple, specific and reliable HPLC UV method for the assay of antiviral drugs (RBV, PAR, RIT and OMP) in bulk and tablets dosage form. The method is rapid and helpful routine work for quick analysis of a large number of samples in short time. Reliability was guaranteed by testing various validation parameters of the method and the successful application to commercial tablet dosage form. The success of our method in separation of the commonly administered drugs allow the application of our method to study pharmacokinetic and pharmacodynamic parameters in various matrices.

Table 3. Results of the accuracy studies by standard addition technique in the assay of RBV, PAR, RIT and OMP using the proposed HPLC method

Drug	Concentration (µg/ml)				% recovery	RSD %	relative error (Er)
	Initial tablet sample	Authentic amount added	Claimed total amount	Total amount found ± SD			
RBV	20	5	25	25.06 ± 0.12	100.24	0.50	0.0024
	20	30	50	50.71 ± 0.45	101.42	0.88	0.0142
	20	80	100	100.69 ± 0.8	100.69	0.79	0.0069
PAR	5	10	15	15.01 ± 0.11	100.05	0.74	0.0005
	5	25	30	30.15 ± 0.08	100.5	0.29	0.0052
	5	40	45	44.79 ± 1.03	99.53	3.02	-0.0046
RIT	5	5	10	10.02 ± 0.09	100.24	0.92	0.0024
	5	10	15	14.96 ± 0.2	99.75	1.33	-0.0024
	5	25	30	29.68 ± 1.6	98.93	5.5	-0.0106
OMP	3	3	6	5.96 ± 0.03	99.36	0.58	-0.0060
	3	6	9	8.85 ± 0.2	98.42	3.03	-0.0157
	3	9	12	11.86 ± 0.08	98.89	0.68	-0.0110

Table 4: Determination of RBV, PAR, RIT and OMP in laboratory prepared mixtures using the proposed HPLC method

C	RBV*		C	PAR*		C	RIT*		C	OMP*	
	Peak area	% recovery		Peak area	% recovery		Peak area	% recovery		Peak area	% recovery
10	195.04	98.69	5	232.09	99.27	5	574.98	99.66	2	1173.01	100.01
15	295.47	101.18	15	691.39	99.38	8	866.94	99.37	4	2306.97	101.27
20	383.27	99.09	30	1384.61	99.72	10	1090.11	100.24	6	3388.85	100.12
30	574.29	99.71	45	2087.67	100.3	16	1737.66	100.3	8	4471.10	99.55
40	768.57	100.46	60	2761.33	99.54	20	2157.78	99.78	12	6678.33	99.63
mean		99.75			99.85			100.1			99.77

SD	0.68	0.39	0.28	0.31
RSD	0.68	0.39	0.28	0.31
Variance	0.47	0.15	0.08	0.10

C = Conc. Taken µg/ml and * Average of five independent procedures.

Table 5. Robustness (Flow rate) in the assay of RBV, PAR, RIT and OMP using the proposed HPLC method

Flow rate	RBV			PAR			RIT			OMP		
	1.05	1	0.95	1.05	1	0.95	1.05	1	0.95	1.05	1	0.95
Determination	Peak area											
1	951.7	970.2	989.1	1353.4	1371.3	1422.2	1593.4	1607.9	1627.2	9723.2	9901.5	10010.4
2	953.1	971.5	990.8	1382.1	1401.1	1452.9	1583.1	1598.3	1617.5	10058.1	10243.1	10355.1
3	950.9	968.5	986.6	1367.6	1385.6	1436.0	1598.3	1612.8	1632.5	9812.8	9992.7	10102.6
4	943.0	961.3	979.5	1360.9	1377.9	1428.9	1595.5	1610.0	1629.3	9807.3	9987.7	10097.1
5	954.8	972.8	991.3	1358.3	1376.2	1427.1	1573.8	1587.4	1606.9	9936.9	10119.1	10230.4
Mean	968.91			1393.51			994643.9			10025.37		
SD	16.12			32.19			11178.96			175.10		
RSD	1.66			2.31			1.123916			1.74		

Table 6. Robustness (Mobile phase) in the assay of RBV, PAR, RIT and OMP using the proposed HPLC method

Mobile phase	RBV			PAR			RIT			OMP		
	M ₁	M	M ₂	M ₁	M	M ₂	M ₁	M	M ₂	M ₁	M	M ₂
Determination	Peak area											
1	973.0	970.2	1024.5	1422.0	1371.3	1433.0	1627.1	1608.0	1661.0	10089.6	9901.5	10119.3
2	974.4	971.6	1026.0	1453.3	1401.1	1464.2	1617.4	1598.4	1651.1	10437.3	10243.1	10468.4
3	971.7	968.6	1022.8	1436.9	1385.7	1448.1	1632.1	1612.9	1666.2	10182.6	9992.7	10212.6
4	964.1	961.3	1015.7	1428.4	1378.0	1440.0	1629.2	1610.0	1663.1	10177.8	9987.7	10207.4
5	975.1	972.9	1027.4	1427.2	1376.3	1438.2	1606.4	1587.5	1639.8	10311.4	10119.1	10341.8
Mean	987.93			1420.24			1627.33			10186.15		
SD	26.17			30.15			24.67			161.12		
RSD	2.65			2.12			1.52			1.58		

M: Phosphate buffer (P^H=7): Acetonitrile 25:75 (v/v), M1: 24:76 (v/v) and M2: 26:74 (v/v)

Table 7. Robustness (P^H) in the assay of RBV, PAR, RIT and OMP using the proposed HPLC method

P ^H	RBV			PAR			RIT			OMP		
	6.9	7	7.1	6.9	7	7.1	6.9	7	7.1	6.9	7	7.1
Determination	Peak area											
1	995.8	970.2	968.4	1383.6	1371.3	1342.4	1625.1	1608.0	1586.9	10129.9	9901.5	9891.6
2	996.1	971.6	969.1	1413.1	1401.1	1371.9	1616.7	1598.4	1577.0	10478.7	10243.1	10232.2
3	993.3	968.6	966.8	1398.9	1385.7	1356.5	1630.8	1612.9	1591.3	10222.5	9992.7	9982.7
4	986.2	961.3	959.5	1390.4	1378.0	1348.5	1627.5	1610.0	1588.4	10217.1	9987.7	9977.1
5	998.5	972.9	971.9	1388.2	1376.3	1347.3	1605.1	1587.5	1566.2	10351.8	10119.1	10109.0
Mean	976.67			1376.90			1602.13			10122.51		
SD	13.41			20.99			19.21			169.69		
RSD	1.37			1.52			1.20			1.68		

Table 8: system suitability testing using the proposed HPLC method

	RBV	PAR	RIT	OMP	Recommended values
Retention time (t _R)(min)	1.298	2.820	4.115	5.786	-
Theoretical plates (N)	2226	5575	6101	8366	The more plates, the better separation efficiency
Capacity factor (k')	0.68	1.17	2.17	3.45	0.5 < k' < 10
Tailing factor (Tf)	1.5	0.84	0.96	0.81	0.8 < Tf ≤ 1.5

Table 9: Statistical comparison between the proposed HPLC method and reported methods for the determination of RBV, PAR, RIT and OMP in pharmaceutical formulation

Analyte	Amount taken µg/ml	Proposed method		Reported methods		t-test (2.31)*	F-test (6.39)*
		Recovery (%)	RSD%	Recovery (%)	RSD%		
RBV	5	101.42	1.2	98.26	0.97	0.24	0.99
	10	100.78		100.64			
	20	99.09		99.58			
PAR	5	99.07	0.84	100.53	1.14	0.30	0.70
	25	100.65		99.11			
	50	99.33		101.39			
RIT	3.3	100.12	0.57	101.19	0.25	0.17	0.34
	16.7	101.03		100.67			
	33.3	99.97		100.92			

OMP	2.25	101.52	0.68	99.23	1.22	0.39	0.74
	4.17	101.22		100.85			
	8.33	100.54		101.64			

*Tabulated t and F values at 95 % confidence limit

References

- [1]. Messina JP, Humphreys I, Flaxman A. Global distribution and prevalence of hepatitis C virus genotypes. *Hepatology*2015; 61: 77–87.
- [2]. Waked I, Doss W, El-Sayed MH. The current and future disease burden of chronic hepatitis C virus infection in Egypt. *Arab J Gastroenterol*2014; 15: 45–52.
- [3]. Gower E, Estes C, Blach S, Razavi-Shearer K, Razavi H. Global epidemiology and genotype distribution of the hepatitis C virus infection. *J Hepatol*2014; 61: S45–57.
- [4]. Ray SC, Arthur RR, Carella A, Bukh J, Thomas DL. Genetic epidemiology of hepatitis C virus throughout Egypt. *J Infect Dis* 2000; 182: 698–707.
- [5]. Hézode C, Asselah T, Reddy KR, et al. Ombitasvir plus paritaprevir plus ritonavir with or without ribavirin in treatment-naïve and treatment-experienced patients with genotype 4 chronic hepatitis C virus infection (PEARL-I): a randomised, open-label trial. *Lancet* 2015; 385: 2502–09.
- [6]. Krishnan P, Beyer J, Mistry N. In vitro and in vivo antiviral activity and resistance profile of ombitasvir, an inhibitor of hepatitis C virus NS5A. *Antimicrob Agents Chemother*2015; 59: 979–87.
- [7]. Pilot-Matias T, Tripathi R, Cohen D. In vitro and in vivo antiviral activity and resistance profile of the hepatitis C virus NS3/4A protease inhibitor ABT-450. *Antimicrob Agents Chemother*2015; 59: 988–97.
- [8]. "Ritonavir. *The American Society of Health-System Pharmacists*". Retrieved Oct 23, 2015.
- [9]. Sweetman, S.C.; Martindale: the complete drug reference Vol. A.37th ed. The Pharmaceutical Press, London, (2011), pp. 997–999.
- [10]. G. RaveendraBabu, A. Lakshmana Rao, J. Venkateswara Rao. A rapid RP-HPLC method development and validation for the quantitative estimation of Ribavirin in tablets. *International Journal of Pharmacy and Pharmaceutical Sciences*(2014)7(2):60-63
- [11]. D'Avolio, A., De Nicolo, A., Simiele, M., Turini, S., Agnesod, D., Boglione, L.; Development and validation of a useful HPLC-UV method for quantification of total and phosphorylated-ribavirin in blood and erythrocytes of HCVp patients; *Journal of Pharmaceutical and Biomedical Analysis*, (2012); 66: 376–380
- [12]. Suman.Avula..K.NaveenBabu,M. V Ramana. Validated RP - HPLC Method for the Estimation of Ribavirin in Formulation, *International Journal of Research in Pharmaceutical and Biomedical Sciences*, (2011);2(2): 704-709.
- [13]. Bathini. Srinivas and P. Yadagiriswamy. Analytical method validation report for assay of Ombitasvir, Paritaprevir and Ritonavir by RP-HPLC. *International Journal of Analytical and Bioanalytical Chemistry*2017; 7(1): 12-22
- [14]. NourahZoman Al-ZomanI, Hadir Mohamed Maher and Amal Al-Subaie. Simultaneous determination of newly developed antiviral agents in pharmaceutical formulations by HPLC-DAD. *Chemistry Central Journal* (2017) 11:1
- [15]. International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use, ICH Harmonized Tripartite Guideline-Validation of Analytical Procedures: Text and Methodology Q2(R1), Current Step 4 version, London, 2005
- [16]. J.N. Miller, Basic statistical methods for analytical chemistry. Part 2. Calibration and regression methods. A review. *Analyst*, 116(1), 1991;p. 3-14.
- [17]. The United States Pharmacopeial Convention; The United States pharmacopeia XXXIV, the national formulary XXIX; Vol. III. The US Pharmacopeial Convention, Rockville, MD, (2011), pp. 4141–4144

MagdyAtefWadie "Development and Validation of a New, Simple-HPLC Method for Simultaneous Determination of Ombitasvir, Paritaprevir, Ritonavir and Ribavirin in Tablet Dosage Form." *IOSR Journal of Pharmacy and Biological Sciences (IOSR-JPBS)* 12.6 (2017): 27-35.