



# A REVIEW ON PROCESS VALIDATION OF SOLID DOSAGE FORM (TABLET)

Mrs. Sunita Raina \*, Assistant prof Mr. Saurabh Pant, Assistant prof Ms. Gulbahar

## Abstract

Drugs have a significant role in treating a variety of ailments in the medical field. Drugs must therefore be produced to obtain a consistent therapeutic response at the highest levels of quality. End-product testing by itself does not ensure the product's quality. A well-designed system will offer a high level of assurance that each action, procedure, and modification has been thoroughly examined before being put into effect. The most frequently used word in medication research, production, and finished product specification is "validation." Process validation is a key element of the quality assurance system employed by pharmaceutical producers since it is essential to the safety and quality of drug products. The most important factor in ensuring the identity, power, purity, safety, efficacy, and sustaining the quality of the end product is process validation. Process validation highlights the importance of objective measurements, statistical tools, and analyses; it also emphasises knowledge and detection; it establishes flexibility; it controls variability in the attainment of desirable attributes; and it provides assurance on consistency of quality and productivity throughout a product's life cycle by preventing undesirable properties. The current article provides an introduction to validation, a summary of process validation, and information on its significance in the production of solid dosage forms.

**Keywords:** Tablet, Validation, Process Validation, Solid Dosage Form

## 1. INTRODUCTION

Every time a product is taken into consideration, quality is an absolute requirement. Therefore, pharmaceuticals must be produced to achieve a predictable therapeutic response to a drug included in a formulation that can be produced on a wide scale with the highest level of reproducibility. These days, one of the most well-known, frequently talked, and

cherished topics in the pharmaceutical sector is validation.<sup>1,2,3</sup>To have the product approved for commercialization, it is a crucial success component. The first and most important justification for process validation is a regulatory obligation for nearly every process in the global health care sector, including pharmaceuticals, biologics, and medical

devices.<sup>4,5</sup>Regulatory agencies in different nations all around the world demand that the firm validate its production procedures. Reduced sample size and intervals are easily justified once a process or product has undergone systematic validation since they yield a quantifiable return on the validation effort.<sup>6,7,8</sup>One of the biggest problems with the application of validation in the pharmaceutical sector, aside from utility systems, is that this is hardly ever realised. More advanced drug delivery systems are now available on the market, although tablets are still by far the most used solid dosage form worldwide.<sup>9,10</sup>

### 1.1 VALIDATION

A scientific investigation of quality assurance known as validation verifies the systems, equipment, manufacturing procedures, software, and testing techniques that have an impact on a product's efficacy, safety, and quality.<sup>11,12</sup> The outcome of validation studies is:

- to demonstrate that the machinery, system, and process consistently carry out their intended functions. (The process is controlled, in other words.)
- to establish suitable process control, determine the process variables and acceptable limits for these variables.<sup>13,14,15</sup>

"Establishing documented proof that offers a high degree of assurance that a certain system, related equipment, and process consistently fulfil the approved requirements and generate goods meeting preset quality criteria" is the definition of process validation.<sup>16,17</sup>

### 1.2 ELEMENTS OF VALIDATION

The validation procedures are carried out in accordance with documented protocols that have already been authorised. By carrying out Design Qualification (DQ), Installation Qualification (IQ), Operational Qualification (OQ), and Performance Qualification (PQ) in accordance with the established protocols, the facility, utilities, significant production equipment, and laboratory instruments should be qualified. The user department may develop the protocol, or the vendor may provide it. It is preferred that qualified professionals from within or outside the company qualify the equipment and instruments.<sup>18,19</sup>

**1.2.1 Design Qualification (DQ):** The DQ aims to establish that the facility, system, or equipment is developed in conformity with Good Manufacturing Practice (GMP) standards and user requirements. With the supplier's input, a protocol for design needs and technical specifications should be created, and a report should be created for it.<sup>20,21</sup>

**1.2.2 Installation Qualification (IQ):** When the equipment is delivered to the facility, it is initially examined to make sure it meets the design and technical criteria. The Engineering Department confirms that the components and equipment are provided in line with the requirements stated in (DQ). The equipment is subsequently moved to its designated spot and placed in accordance with the equipment floor plan. The following activities make up the IQ process.<sup>22,23</sup>

**1.2.3 Operational Qualification (OQ):** During operational qualification, written proof is produced to show that every component of the apparatus operates in accordance with its design parameters.<sup>24</sup>

**1.2.4 Performance Qualification (PQ):** Performance qualification is the final stage of qualification, which demonstrates that how the equipment/system will perform when challenged under simulated or actual production conditions. A series of tests are designed to demonstrate that the equipment / system is capable to perform consistently and meet required specifications under routine production operations.<sup>25,26</sup>

### 1.3 Principles of Process validation

Process validation is defined as “establishing documented evidence which provides a high degree of assurance that a specific system, related equipment and process consistently meet the approved specifications and produce products meeting predetermined quality attributes.”<sup>27,28</sup>

**1.3.1 Process validation:** Process validation is a basic factor for drug product safety and quality and thus a fundamental component of the quality assurance system used by pharmaceutical manufacturers. The basic principle of Quality Assurance is that a drug should be produced that is fit for its intended use. Effective Process Validation contributes significantly to assure the drug quality; this principle incorporates the understanding that the following conditions exist:

1. Prospective validation
2. Concurrent validation
3. Retrospective validation
4. Revalidation

**1.3.1.1 Prospective validation:** Prospective validation is carried out during the development stage of a product and it is required for new manufacturing formulae or methods of preparation where the latter are adopted. The purpose is to ensure that the defined

process, using the materials and equipment specified, should be shown to yield a product that is consistently of the required quality and quantity what it is proposed to do based on the preplanned protocols. In this phase the extent to which deviations from the chosen processing parameters can influence in the product quality is also be evaluated. In general the final batch size should not be more than 10 times the batch size of the representative development batches. The process should include identification and evaluation of individual steps, identification of critical situations, design of trial plans and set of priorities, performance of trials, recording of results, assessment and evaluation of observed results. If the results are unsatisfactory then the processes are modified and improved until acceptable results are obtained. This is essential to limit the risk and errors that may occur on production scale.<sup>29,30,31</sup>

**1.3.1.2 Retrospective validation:** Retrospective validation is based on a review of historical manufacturing and testing data, and the analysis of accumulated results from past production to assess the consistency of a process. It is assumed that the composition, procedures and equipment remained unchanged.

During retrospective validation results of in-process and final control tests are evaluated. A total of 10-25 batches (or more), manufactured over a period of 12 months, is used for reviewing the results, to provide a statistically significant picture. Quality control charts could be used when performing retrospective validation. Failure investigations should however, be performed separately. All difficulties and failures recorded are analyzed to determine limits of process parameters and product-related problems. These should include rejections, complaints and returns. As

retrospective validation is not considered to be a quality assurance measure it should not be applied to new processes or products.<sup>32,33,34</sup>

**1.3.1.3 Concurrent validation:** Concurrent validation is carried out during normal production.

This method of validation can only be successful if the development stage has resulted in a proper understanding of the fundamentals of the process. It is carried out during normal production of products intended for sale. It should involve close and intensive monitoring of the steps and critical points for at least first three production scale batches. The in-process control results are used to provide some of the evidence required for validation but these are no substitute for validation. Validation in the production unit mainly comprises of the determination and evaluation of the process parameters of the facilities applied for the scale-up to final batch size. The control of all critical process parameters, the results of the in-process controls, final controls and stability tests should prove the suitability of the important individual steps of a procedure.<sup>35,36,37</sup>

**1.3.1.4 Revalidation:** In general Revalidation is exploratory review the current performance of the validation effect to confirm the validated status of the facilities, systems, equipments, manufacturing processes, software and testing.<sup>38</sup>

#### 1.4 Approaches in Process Validation

**1.4.1 Process Design:** The goal of this stage is to design a process suitable for routine commercial manufacturing that can consistently deliver a product that meets its quality attributes

**1.4.2 Process Qualification:** This stage has two elements: (1) design of the facility and qualification of the equipment and utilities and (2) process performance qualification (PPQ).

**1.4.3 Continued Process Verification:** The goal of the third validation stage is continual assurance that the process remains in a state of control (the validated state) during commercial manufacture.<sup>39,40</sup>

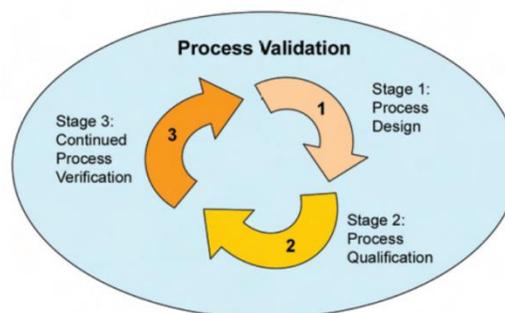


Figure 1. Process validation

#### 1.5 Process Validation of Solid Dosage Forms

- The use of different lots of raw materials should be included. i.e., active drug substance and major excipients.
- Batches should be run in succession and on different days and shifts.
- Batches should be manufactured in the equipment and facilities designated for eventual commercial production.
- Critical process variables should be set within their operating ranges and should not exceed their upper and lower control limits during process operation. Output responses should be well within finished product specifications.<sup>41,42</sup>

#### 1.6 Guidelines for process validation of tablets

There are several important reasons for validating a product and /or process.

- Manufacturers are required by law to conform to GMP regulations.
- Good business dictates that a manufacturer avoid the possibility of rejected or recalled batches.

- Validation helps to ensure product uniformity, reproducibility and quality.<sup>43,44</sup>

### 1.7 Process validation for solid dosage forms

The critical parameters considered during the process validation of tablets are

1. Mixing or Blending
2. Granulation
3. Wet milling
4. Drying
5. Milling
6. Compression
7. Coating

### 1.8 Tablet Coating

Tablets may be coated for various reasons.

- Stability
- Taste masking
- Controlled release
- Product identification
- Aesthetics
- Safety–material handling

Tablet coating can occur by different techniques. Film coating has been the most common technique over recent years and will be the focus of this section.<sup>45,46</sup>

Key areas to consider for tablet coating include the following:

**A. Tablet properties:** Tablet properties such as hardness, shape, and intagliation are important to obtain a good film-coated tablet. The tablet needs to be hard enough to withstand the coating process. If tablet attrition occurs, the tablets will have a rough surface appearance. For shape, a round tablet will be easier to coat than tablets with multiple sides or edges because of the uniformity of the surface. For intagliated tablets, the intagliation style and depth

should be developed to prevent fill-in or chipping of the intagliation.<sup>47,48</sup>

**B. Equipment type:** The type of coater will need to be selected. Conventional or perforated pan and fluid bedcoaters are potential options.

**C. Coater load:** Having too large a pan load could cause attrition of the tablets because of the overall tablet weight in the coater. In the case of a fluid bed coater, there may not be sufficient airflow to fluidize the tablets.

**D. Pan speed:** This will be interrelated to other coating parameters, such as inlet temperature, spray rate, and flow rate.<sup>49,50</sup>

**E. Spray guns:** The number and types of guns should be determined in order to efficiently coat the tablets. The spray nozzles should be sized properly to ensure even

distribution over the tablet bed and to prevent clogging of the nozzles. The location and angle of the spray gun(s) should be positioned to get adequate coverage. Having the guns positioned too close together can lead to a portion of the tablets to be over wet.<sup>51,52</sup>

**F. Application/spray rate:** The optimal application/spray rate should be determined. Spraying too fast will cause the tablets to become over wet, resulting in clumping of

tablets and possible dissolution of the tablet surface. Spraying too slowly will cause the coating materials to dry prior to adhesion to the tablets. This will result in a rough tablet surface and poor coating efficiency.

**G. Tablet flow:** The flow or movement of the tablets in the coater should be examined to ensure proper flow. There should be sufficient tablet bed movement

to ensure even distribution of the coating solution onto the tablets. The addition of baffles may be required to provide adequate movement of tablets for tablet coating.<sup>53,54</sup>

**H. Inlet/outlet temperature and airflow:** These parameters are interrelated and should be set to ensure that the atomized coating solution reaches the tablet surface and then is quickly dried.

**I. Coating solution:** The concentration and viscosity of the coating solution will need to be determined. The solution will need to be sufficiently diluted in order to spray the material on the tablets. The concentration of the coating solution will also determine the amount and volume of solution to be applied to the tablets. The stability of the coating solution should be investigated to establish its shelf life.

**J. Coating weight:** A minimum and maximum coating weight should be established for the tablet. Sufficient coating material should be applied to the tablets to provide a uniform appearance; however, it should not be great enough to cause fill-in of the intagliation.<sup>55,56</sup>

**K. Residual solvent level:** If solvents are used for tablet coating, the residual solvent level will need to be determined. Appearance testing of the tablets is critical during the coating operation.

### 1.9 Process Optimization

During the early stages of process development, parameter target value and tolerance limits are based on good scientific rationale and experience knowledge gained from the earlier and pilot scale studies.<sup>57,58</sup>

During product and process development both the inputs and outputs of the process are studied. The

purpose of the study is to determine the critical parameters and attributes for the process, the tolerance for those parameters and how best to control the various experimental and analytical techniques used for the process characterization.

In subsequent product development the parameters and attribute of the process are characteristics to determine the critical parameter of the process, the tolerance limit of the process, and how best to control them. Controllable parameters may be parameters that are adjustable like drying time and temperature. At other time it may be desirable to fix a parameter by specifically setting one value and not testing around the variability. A cause-and-effect relationship may be established for parameters and desired attributes. Critical quality attributes are dissolution, assay, blend and tablet uniformity and stability.<sup>59,60</sup>

### 1.10 Critical process parameters of Solid dosage form

**Blending:** Blend time, rotation rate, agitator speed, room temperature, humidity.

**Dry granulation (Roller compaction):** Roll speed, feed screw speeds, roll force/pressure, roll separation/gap, room temperature/ humidity.

**Milling:** Impeller speed, feed rate, room temp, humidity.

**Fluid bed granulation:** Granulation fluid mixing time, fluid mixing speed, fluid amount, fluid addition rate, fluid temperature, spray nozzle air volume, bed mixing time, supply air flow rate, dew point, product bed temperature, exhaust air temperature, filter shaking intervals.

**Wet granulation:** Granulation fluid mixing time, fluid mixing speed, fluid amount, fluid addition rate, fluid temperature, spray nozzle air volume, drug and

wet mixing time, impeller speed, chopper speed, power consumption.<sup>61,62</sup>

**Cabinet drying:** Supply air temperature, drying time, final moisture content

**Fluid bed drier:** Supply air flow rate, temperature, product bed temperature, exhaust air temperature, filter shaking intervals, final moisture content.

**Compression:** Tablet weight, turrent speed, main compression force, pre compression force, feeder speed, upper punch entry, room temperature, humidity.

**Coating:** Coating suspension mixing time, mixing speed, amount, spray rate, atomization, pressure, pan rotation speed, pre heat time, supply air flow rate, temperature, product bed temperature, exhaust air temperature.<sup>63,64,65</sup>

## 2. CONCLUSION

Nowadays Validation is the art of designing and practicing the designed steps together with the documentation in pharmaceutical industry. Validation itself does not improve processes but confirms that the processes have been properly developed and are under control in achieving, maintaining the quality of the final product.<sup>66,67</sup> Application of validation principles will ensure to maintain quality, consistency and reproducibility in product manufacturing process and safety of the pharmaceutical products required from regulatory agencies across the world. The multidisciplinary validation team must identify, study the product and process characteristics and incorporate the important required validation key parameters to ensure that that product will meet all quality, manufacturing, and regulatory requirements.<sup>68,69</sup> Process validation in solid dosage form is a systematic approach in identifying, measuring, evaluating, documenting and re-

evaluating the critical steps in the pharmaceutical solid dosage form manufacturing process with control to assure consistency in the quality of final product. From this review we can conclude that the pharmaceutical process validation and process controls are important steps in manufacturing of solid dosage form with consistent to meet the regulatory required standard such as identity, strength, quality, purity and stability in the final solid dosage form.<sup>70,71</sup>

## 3. REFERENCES

1. Johan A, Westerhuis, Pierre MJ. Coenegracht and Coenraad F.Lerk. Multivariate Modelling of the tablet manufacturing process with wet granulation for tabletoptimization and in-process control. *Drug Development and Industrial Pharmcay*.1997;4(6):357.
2. Berman J, Planchard JA. Blend Uniformity and UnitDose Sampling. *Drug Development and IndustrialPharmacy*. 1995; 21(11):1257-1283.
3. Aleem H, Zhao Y, Lord S, McCarthy T and SharrattP. Pharmaceutical process validation: an overview. *J.Proc. Mech. Eng*. 2003;217: 141-151.
4. Tetzlaff RF, Sheppard RE, LeBlanc AJ, Thevalidation story, Perspectives on the systemic GMPinspection approach and validation development.*Pharm Tech March*, 1993; 100–116.
5. Chow SC, Pharmaceutical validation and processcontrols in drug development, *Drug InformationJournal*, 1997;31:1195–1201.
6. Howard T. Fuller Six Sigma for Validation, *Journalof Validation Technology*. 2000; 6(4):749-765.

7. Lieberman, HA, Lachman L, Schwartz JB, Pharmaceutical Dosage Forms: Tablets, 1(2), Marcel Dekker Inc, New York, 195-229.
8. Nash RA and Wachter AH. Pharmaceutical Process Validation An International Third Edition. Revised and Expanded, Marcel Dekker, Inc., New York, 2003; 129:760-792.
9. Akers MJ, Ketron K and Thompson BF. Value requirements for the destruction of endotoxin in the validation of dry heat sterilization /depyrogenation cycles, *J. Parenter. Drug Assoc.* 1982; 36: 23-27.
10. Bunn JL and Sykes IK, A chemical indicator for the rapid measurement of F values, *J. Appl. Bacteriol.*, 1981; 51: 143-174.
11. Han YW, Zhang HI and Krochta JM, Death rates of bacterial spores, *Can. J. Microbiol.*, 1976; 22: 295-300.
12. Ernst RR, West KL and Doyle JE, Problem areas in sterility testing, *Drug Assoc. Bull.*, 1969, 23: 29-39.
13. Bowman FW, The sterility testing of pharmaceuticals, *J. Pharm. Sci.*, 1969; 58: 1301-1308.
14. Nash RA and Wachter AH. Pharmaceutical Process Validation An International Third Edition. Revised and Expanded, Marcel Dekker, Inc., New York, 2003; 129:760-792.
15. U.S. Food and Drug Administration. Guideline on General Principles of Process Validation; U.S. FDA: Rockville, MD, May, 1987.
16. Chapman, K G, A history of validation in the United States, *Part I. Pharm Tech* 1991; 15(10); 82-96.
17. British Pharmacopoeia. Monograph for Lansoprazole. London: The Stationary Office Medicinal and Pharmaceutical Substances, 2011; 867.
18. British Pharmacopoeia. Monograph for Domperidone London: The Stationary Office Medicinal and Pharmaceutical Substances, 2011; 533.
19. Ozaltın N. Determination of lansoprazole in pharmaceutical dosage forms by two different spectroscopic methods. *J Pharm Biomed Anal.* 1999; 20: 599-606.
20. Kumar AA, Venkata Ramana K, Narasimha Raju Ch, Sudhakara Rao G. A Simple UV-spectrophotometric method for determination of lansoprazole in bulk and pharmaceutical dosage forms. *Int J Pharm Chem Bio Sci.*, 2012; 2: 524-8.
21. Okram ZD, Kanakapura B, Jagannathamurthy RP, Basavaiah VK. Development of a simple UV-spectrophotometric method for the determination of lansoprazole and study of its degradation profile. *Quim. Nova*, 2012; 35: 386-91.
22. Yeniceli D, Dogrukol-Ak D, Tuncel M. Determination of lansoprazole in pharmaceutical capsules by flow injection analysis using UV-detection. *J Pharm Biomed Anal.* 2004; 36: 145-48.
23. Sherje AP, Kasture AV, Gujar KN, Yeole PG. Simultaneous spectrophotometric determination of lansoprazole and domperidone in capsule dosage form. *Indian J Pharm Sci.*, 2008; 70: 102-5.

24. Moustafa AAM. Spectrophotometric methods for the determination of lansoprazole and pantoprazole sodium sesquihydrate. *J Pharm Biomed Analysis*, 2000; 22: 45-58.
25. Choudhary N, Siddiqui I, Rai I, Singh S, Sharma S, Gautam H. Simultaneous estimation of lansoprazole and naproxen by using UV spectrophotometer in tablet dosage form. *Der Pharma Chemica*, 2013; 5: 67-74.
26. Prabu SL, Shirwaikar A, Kumar CD, Joseph A, Kumar R. Simultaneous estimation of esomeprazole and domperidone by uv spectrophotometric method . *Indian J Pharm Sci.*, 2008; 70: 128–31.
27. Kumar PR, Prakash PB, Krishna MM, Yadav MS, Deepthi CA. Simultaneous estimation of domperidone and pantoprazole in solid dosage form by UV spectrophotometry. *E-J of Chem.*, 2006; 3: 142-5.
28. Kalra K, Naik S, Jarmal G, Mishra N. Spectrophotometric method for simultaneous estimation of paracetamol and domperidone in tablet formulation. *Asian J Res. Chem.*, 2009; 2: 112-4.
29. Kakde RB, Gedam SN, Chaudhary NK, Barsagade AG, Kale DL, Kasture AV. Threewavelength Spectrophotometric Method for Simultaneous Estimation of Pantoprazole and Domperidone in Pharmaceutical Preparations. *Int J Pharm Tech Res.*, 2009; 1: 386-9.
30. Luo Y, Xu L, Xu M, Feng J, Tang X. A validated, specific, stability-indicating HPLC method for determination of lansoprazole enteric capsules and related impurities. *Asian JPharm Sci.*, 2012; 7: 149-54.
31. Kumar SM, Kumar DS, Rajkumar T, Kumar EU, Geetha AS, Diwedi D. Development and validation of RP-HPLC method for the estimation of lansoprazole in tablet dosage form. *J Chem Pharm Res.*, 2010; 2: 291-5.
32. Rao PV, Kumar MN, Kumar MR. A Novel, Validated Stability-Indicating UPLC Method for the Estimation of Lansoprazole and its Impurities in Bulk Drug and Pharmaceutical Dosage Forms. *Sci Pharm.*, 2013; 81: 183–93.
33. El-Sherif ZA, Mohamed AO, El-Bardeicy MG, El-Tarras MF. Stability-Indicating Methods for the Determination of Lansoprazole. *Spectrsc Lett.*, 2005; 38: 77-93.
34. Karol MD, Granneman GR, Alexander K. Determination of lansoprazole and five metabolites in plasma by high-performance liquid chromatography. *J Chromatogr B: Biomed Sci Appl*, 1995; 668: 182-6.
35. Katsuki H, Yagi H, Arimori K, Nakamura C, Nakano M, Katafuchi S, Fujioka Y, Fujiyama S. Determination of R(+)- and S(-)-Lansoprazole using chiral stationary-phase liquid chromatography and their enantioselective pharmacokinetics in humans. *Pharm Res.*, 1996; 13: 611-15.
36. Aoki I, Okumura M, Yashiki T. High-performance liquid chromatographic determination of lansoprazole and its metabolites in human serum and urine. *J*

- Chromatogr B: Biomed Sci Appl, 1991; 571: 283-290. Pharm Sci., 2010; 13(1): 1-10.
37. Borner K, Borner E, Lode H. Quantitative determination of lansoprazole in human serum by HPLC. Chromatographia, 1997; 45: 450-2.
38. Sharma S, Sharma AK, Singh O, Chaturvedi AK, Verma V, Arya RK, Singh UK. RPHPLC method development and validation of domperidone in solid dosage form. ThePharma Innovation, 2012; 1: 32-6.
39. Min-Shu W, Ling G, Xiao-Hui C, Guang-Ji W. Determination of Domperidone in Human Plasma by LC-MS and its pharmacokinetics in healthy Chinese Volunteers. ACTA Pharmacol, 2002; 23: 285-8.
40. Patel B, Dedania Z, Dedania R, Ramolia C, Sagar GV and Mehta RS. Simultaneous estimation of lansoprazole and domperidone in combined dosage form by RP-HPLC. Asian J Res Chem., 2009; 2: 210-2.
41. Ahmed S, Vani R. Stability indicating method development and validation for simultaneous estimation of lansoprazole and domperidone in bulk and its pharmaceutical dosage form by RP-HPLC. World J Pharm Pharm Sci., 2015; 4: 656-65.
42. Janardhanan VS, Manavalan R, Valliappan K. Stability Indicating HPLC Method for the simultaneous determination of pantoprazole, rabeprazole, lansoprazole and Domperidone from their combination dosage forms. Int J Drug Dev Res., 2011; 3: 323-35.
43. Reddy P, Jayaprakash M, Sivaji K, Jyothesh Kumar GT, Reddy ECS, Reddy BR. Determination of pantoprazole sodium and lansoprazole in individual dosage form tablets by RP-HPLC using single mobile phase. Int J Appl Bio Pharm Technol, 2010; 1: 683-8.
44. Ekpe A, Jacobsen T. Effect of various salts on the stability of lansoprazole, omeprazole, and pantoprazole as determined by high-performance liquid chromatography. Drug Dev Industrial Pharm., 1999; 25: 1057-65.
45. Sivakumar T, Manavalan R, Valliappan K. Development and validation of a reversed phase HPLC method for simultaneous determination of domperidone and pantoprazole in pharmaceutical dosage forms. ACTA Chromatogr, 2007; 18: 130-42.
46. Krishnaiah V, Rami Reddy YV. Development and validation of HPLC method for simultaneous determination of omeprazole and domperidone. Der Pharma Chemica, 2012; 4: 455-9.
47. Noubarani M, Keyhanfar F, Motevalian M, Mahmoudian M. Improved HPLC method for determination of four PPIs, omeprazole, pantoprazole, lansoprazole and rabeprazole in human plasma. J Pharm Pharm Sci., 2010; 13: 1-10.
48. Bharathi DV, Hotha KK, Jagadeesh B, Chatki PK, Thriveni K, Mullangi R, Naidu A. Simultaneous estimation of four proton pump inhibitors—lansoprazole, omeprazole, pantoprazole and rabeprazole: development of a novel generic HPLC-UV method and its application to clinical pharmacokinetic study. Biomed Chromatogr, 2009; 23: 732-9.
49. Vijey Aanandhi M, Thiyagarajan N, Koilraj M, Shanmugasundaram P, Sujatha R.

- Simultaneous estimation of domperidone and lansoprazole in capsule formulation by HPTLC method. *RASAYAN J Chem.*, 2009; 2: 15-7.
50. Patel BH, Suhagia BN, Patel MM, Patel JR. HPTLC determination of rabeprazole and domperidone in capsules and its validation. *J Chromatogr Sci.*, 2008; 46: 304-7.
51. Pawar SM, Patil BS, Patil RY. Validated HPTLC method for simultaneous quantitation of famotidine and domperidone in bulk drug and formulation. *Int J Adv Pharm Sci.*, 2010; 1: 54-9.
52. ICH. Q2(R1) Validation of Analytical Procedures: Text and Methodology. International Conference on Harmonization, Geneva; 2005 November.
53. Joseph T, Robert L, Gary C, Gary R, Barbara G, L. Michael. *Pharmacotherapy: A Pathophysiological Approach*, 6th Ed. 613-615.
54. Durriya Hashimat, M Harris shoaib, Zafar alam Mehmood, development of entericoated flurbiprofen tablets use in opadry/acryl – eze system – a technical mode, *AAPS Pharm SecTech*, March 2008, vol 9 (1), 116.
55. Bardou, Marc; Martin, Janet, Pantoprazole: from drug metabolism to clinical relevance, *Expert Opinion on Drug Metabolism and Toxicology*, April 2008 Volume 4 (4), 471 – 483.
56. Pue M A. Pharmacokinetics of Pantoprazole following oral administration to healthy subjects. *Eur J Clin Pharmacol*, 1993, 44, 575- 8,
57. Judmaier G, Comparison of Pantoprazole and Ranitidine in the treatment of acute Duodenal ulcer. *Aliment Pharmacol Ther.*, 1994, 8, 81-6.
58. Perumal, S. S.; Ekambaram, S. P., et al. *J. Food Drug Anal.* 2014, 22, 520–526.
59. Ramadan, N. K.; El-Ragehy, N. A., et al. *Spectrochim. Acta, Part A* 2015, 137, 463–470.
60. Khan, A.; Iqbal, Z., et al. *J. Pharm. Biomed. Anal.* 2016, 121, 6–12.
61. Yoshizato, T.; Tsutsumi, K., et al. *J. Chromatogr. B* 2014, 961, 86–90.
62. Sivakumar, T.; Manavalan, R., et al. *J. Pharm. Biomed. Anal.* 2007, 43, 1842–1848.
63. Sivakumar, T.; Manavalan, R., et al. *Acta chromatogr.* 2007, 18, 130.
64. Thanikachalam, S.; Rajappan, M., et al. *Chromatographia* 2008, 67, 41–47.
65. Smith, A. J.; Clutton, R. E., et al. *Lab. Anim.* 2018, 52, 135–141.
66. Abbas, M.; Khan, A. M., et al. Bioequivalence study of montelukast tablets in healthy Pakistani volunteers. *Pakistan journal of pharmaceutical sciences* 2013, 26.
67. Abbas, G.; Hanif, M. J. *Appl. Polym. Sci.* 2017, 134.
68. Abbas, G.; Hanif, M., et al. *Des. Monomers Polym.* 2017, 20, 1–9.
69. Raffin, R. P.; Colomé, L. M., et al. *Eur. J. Pharm. Biopharm.* 2010, 74, 275–280.
70. Kalariya, P. D.; Namdev, D., et al. *J. Saudi Chem. Soc.* 2014.
71. Oliva, A.; Monzón, C., et al. *J. Sep. Sci.* 2016, 39, 2689–2701.