



Stability Indicating RP-HPLC Method for Simultaneous Estimation of Atazanavir and Cobicistat in Tablets

M. Venkata Siva Sri Nalini¹, B. Haribabu^{1*} and P. Rama Krishna Veni²

¹Department of Chemistry, Acharya Nagarjuna University, Nagarjuna Nagar, Guntur, 522510, Andhra Pradesh, India.

²Department of Applied Sciences and Humanities, Sasi Institute of Technology and Engineering, Tadepalligudem, 534101, Andhra Pradesh, India.

Authors' contributions

The present work was done in collaboration between all the authors MVSSN, BH and PRKV. The three authors were involved for the designing the study. Author MVSSN is involved in conducting the experiments, collection of literature and preparation of the manuscript. Data analyzing and manuscript corrections were done by authors BH and PRKV. All the authors read and approved the final manuscript.

Article Information

DOI: 10.9734/BJPR/2016/26115

Editor(s):

(1) Jinyong Peng, College of Pharmacy, Dalian Medical University, Dalian, China.

Reviewers:

(1) Anna Gumieniczek, Medical University of Lublin, Poland.

(2) Dinesh R. Chaple, Priyadarshini J. L. College of Pharmacy, Nagpur, India.

Complete Peer review History: <http://sciencedomain.org/review-history/14683>

Original Research Article

Received 1st April 2016
Accepted 28th April 2016
Published 18th May 2016

ABSTRACT

Aim: The aim of this study was to develop a stability indicating RP-HPLC method for simultaneous quantitative analysis of atazanavir and cobicistat in tablets.

Place and Duration of Study: At Rainbow Pharma Training Lab, Kukatapally, Hyderabad, India and Department of chemistry, Acharya Nagarjuna University, Nagarjuna Nagar, Guntur, India in between October 2015 and February 2016.

Methodology: Atazanavir and cobicistat was eluted on the Inertsil C8, 150 mm x 4.6 mm, 5 µm analytical column with a mobile phase consisting of 0.1 M ammonium acetate and methanol (50:50 v/v), pumped at 1.2 mL/min flow rate. The column was maintained at 30°C and 10 µl of the solutions were injected. UV detection was performed at 234 nm. According to ICH guidelines, the

*Corresponding author: E-mail: drharibabuanu2015@gmail.com;

method was validated.

Results: Under the optimized chromatographic conditions the retention times of atazanavir and cobicistat were 2.559 min and 3.576 min, respectively. Linearity was observed in the concentration range of 45-135 µg/mL for atazanavir and 22.5-67.5 µg/mL for cobicistat. The percent recovery and percent relative standard deviation for both the drugs were in the range of 99.311-100.342% and 0.290-0.401%, respectively. The results of forced degradation studies demonstrated the stability-indicating power of the method.

Conclusion: The proposed method was found to be appropriate for the quality control of atazanavir and cobicistat hydrochloride simultaneously in a bulk drug as well as in a pharmaceutical dosage forms.

Keywords: Antiretroviral drugs; HPLC; forced degradation; analysis; tablets.

1. INTRODUCTION

Atazanavir (Fig. 1), chemically described as methyl N- [(2S)-1- [2- [(2S,3S)-2-hydroxy-3-[(2S)-2-(methoxycarbonylamino)-3,3-dimethylbutanoyl]amino]-4-phenylbutyl]-2-[(4-pyridin-2-yl phenyl) methyl] hydrazinyl]-3,3-dimethyl-1-oxobutan-2-yl] carbamate, is an azapeptide human immunodeficiency virus type 1 protease inhibitor [1]. As part of antiretroviral therapy, it was approved in 2003 by US Food and Drug Administration for people with human immunodeficiency virus infection [2,3]. The use of atazanavir with other antiretroviral drugs can reduce the viral load and increase CD4 cell counts [4,5].

Cobicistat (Fig. 2), chemically described as 1,3-thiazol-5-ylmethyl N-[(2R,5R)-5-[[[(2S)-2-[[methyl-

[(2-propan-2-yl-1,3-thiazol-4-yl) methyl]carbamoyl]amino]-4-morpholin-4-ylbutanoyl] amino]-1,6-diphenylhexan-2-yl]carbamate, is a pharmacokinetic enhancer and Cytochrome P450 3A Inhibitor [6]. By inhibiting cytochrome P450 3A enzyme and intestinal transport proteins, cobicistat increases the bioavailability and absorption of several human immunodeficiency virus medications such as atazanavir, darunavir and tenofovir alafenamide [7].

The combination of atazanavir and cobicistat was approved by US Food and Drug Administration in 2015. This combination is specifically indicated for the treatment of human immunodeficiency virus type 1 infection in adults [8]. Atazanavir acts as human immunodeficiency virus type 1 protease inhibitor and cobicistat increase

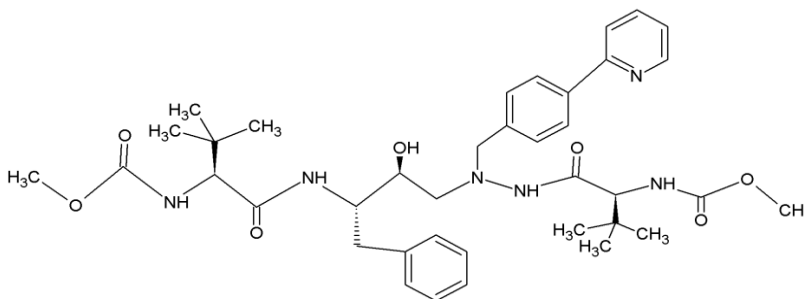


Fig. 1. Structure of atazanavir

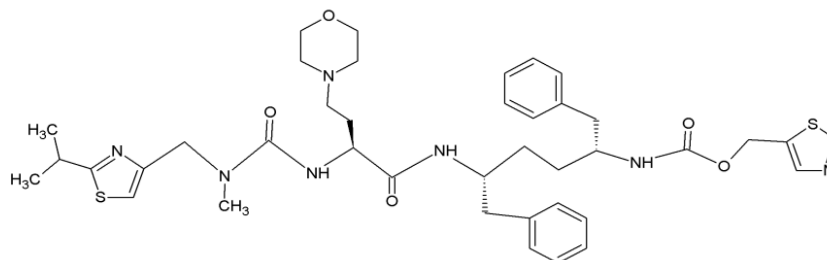


Fig. 2. Structure of cobicistat

the systemic exposure of atazanavir in combination with other antiretroviral agents.

A complete literature survey of analytical methods for the simultaneous estimation of atazanavir and cobicistat is done. Only few methods are reported. A stability indicating RP-HPLC method for the simultaneous determination of atazanavir and cobicistat in bulk and pharmaceutical formulation was presented by Priya and Sankar [9]. They used Kinetex C18 100 A column and 0.1% orthophosphoric acid-methanol (80:20 v/v) as mobile phase with UV detection at 239 nm. Kumar & Getaw [10] determined atazanavir and cobicistat simultaneously in tablets by stability indicating RP-HPLC with UV-detection at 235 nm using a Zorbax X DBC-8 column and a mobile phase consisting of acetonitrile and phosphate buffer (pH-4.2) in the ratio of 70:30 (v/v).

A reversed phase HPLC method had been reported by Panigrahy & Reddy [11] for the simultaneous determination of atazanavir and cobicistat in their pharmaceutical dosage forms. The method involves the simultaneous estimation of atazanavir and cobicistat using Agilent ZORBAX eclipse plus C18 column with 0.01 M potassium dihydrogen phosphate (pH 3.5): acetonitrile (30:70, v/v) as the mobile phase. Quantitation of atazanavir and cobicistat was achieved with ultraviolet detection at 260 nm. Simultaneous assay of atazanavir and cobicistat in combined dosage form by RP-UPLC has also been reported by Purnima et al. [12]. The separation was achieved on an Endeavorsil C18 column using 0.1% orthophosphoric acid (pH 5.5), methanol and acetonitrile in the ratio 27:18:55 (v/v) as mobile phase. Quantitation was achieved by measuring UV absorption at 245 nm.

The objective of the present investigation was to develop a simple, rapid, sensitive and precise stability indicating RP-HPLC method with photodiode array detector for simultaneous quantitative analysis of atazanavir and cobicistat in combined tablets and to validate the method in accordance with ICH guidelines [13].

2. MATERIALS AND METHODS

2.1 Instrumentation

- Waters HPLC system, consisted of a binary HPLC pump model 2695, PDA detector model 2998, vacuum degasser and Waters Empower2 software

- Inertsil C8 (150 mm x 4.6 mm, 5 μ particle size) analytical column

2.2 Standard, Chemicals and Reagents

Atazanavir and cobicistat standards were provided by Lara Drugs Private Limited (Telangana, India). Ammonium acetate (Sd Fine Chemicals Ltd., Mumbai, India) and methanol (Merck Pvt Ltd., Mumbai, India) of HPLC grade were used during the present study. Purified water was obtained from a Milli-Q system. Evotaz tablets, labeled to contain 300 mg of atazanavir and 150 mg of cobicistat (Bristol-Myers Squibb company, Princeton, USA), were purchased from the pharmacy market.

2.3 Chromatographic Conditions

Separation of Atazanavir and cobicistat was achieved on Inertsil C8 (150 mm x 4.6 mm, 5 μ particle size) analytical column as the stationary phase using mobile phase consisted of 0.1 M ammonium acetate and methanol in the ratio of 50:50 v/v. The mobile phase was filtered by passing through a membrane filter prior to use. Isocratic elution was achieved at a flow rate of 1.2 mL/min with a column temperature of 30°C. The injection volume was 10 μ L. The chromatograms were recorded at 234 nm using photodiode array detector.

2.4 Standard Solutions

The mobile phase was used as the diluent. An accurately weighed amount of about 300 mg of atazanavir and 150 mg of cobicistat were put into a 100 mL volumetric flask, 30 mL of mobile phase was added and the mixture was sonicated to dissolve it. The resulting mixture was made up to volume with the same solvent. Working standard solution was prepared in mobile phase by diluting 3 mL of the above stock solution to 100 mL in a 100 mL volumetric flask to get atazanavir and cobicistat with final concentration of 90 μ g/mL and 45 μ g/mL, respectively.

2.5 General Assay Procedure

The working standard solutions were prepared by dilution of the stock solution with mobile phase to reach the concentration range 45-135 μ g/mL and 22.5-67.50 μ g/mL for atazanavir and cobicistat, respectively. Triplicate injections were made for each concentration. The chromatograms were recorded under the earlier

described chromatographic conditions. The peak areas were plotted against the corresponding concentrations to construct the calibration curve.

2.6 Assay of Tablet Dosage Form

For the determination of atazanavir and cobicistat in combined tablet dosage forms, 20 Evotaz tablets were weighed and finely powdered. A suitable portion of powder equivalent to 300 mg of atazanavir and 150 mg of cobicistat was accurately weighed and transferred to a 100 mL volumetric flask. The flask was made up to volume with mobile phase and sonicated for 15 min. The solution was passed through a 0.45 μm membrane filter and diluted appropriately with the same solvent to reach a final concentration of 90 $\mu\text{g/mL}$ (atazanavir) and 45 $\mu\text{g/mL}$ (cobicistat). The sample solution was treated as described under the general assay procedure. Recovered concentrations of atazanavir and cobicistat were calculated from the corresponding calibration graphs.

3. RESULTS AND DISCUSSION

3.1 Optimization of Chromatographic Conditions

The most important phase in the stability indicating RP-HPLC method development is the achievement of adequate resolution of atazanavir, cobicistat and their stress degradants with acceptable peak symmetry in a reasonable analysis time. To accomplish this, several experiments were carried out so as to optimize the stationary phase and mobile phase. For the stationary phase, three analytical columns Kromasil C8 (250 x 4.6 mm, 5 μm particle size), YMC Pack pro C18 (250 x 4.6 mm; 5 μm particle size) and Inertsil C8 (150 x 4.6 mm, 5 μm particle size) were tested. Successful resolution and acceptable peak symmetry of atazanavir and cobicistat was attained by using the Inertsil C8 (150 x 4.6 mm, 5 μm particle size) analytical column. Hence it was used in the present study.

Regarding the mobile phase 0.1 M ammonium acetate and methanol were tested using various proportions and various flow rates. The best resolution of the two drugs within acceptable analysis time was obtained through an isocratic elution using a mobile phase consisting of 0.1 M ammonium acetate and methanol in the ratio 50:50 (v/v) at a flow rate of 1.2 mL/min. Quantification was done using photodiode array detection based on peak area measurement. Atazanavir and cobicistat exhibited considerable absorption at 234 nm. Hence the wavelength 234 nm was selected for quantification of the analytes.

The above described chromatographic conditions showed symmetric peaks and sufficient resolution between atazanavir and cobicistat. Fig. 3 shows a typical chromatogram for the separation of two drugs. Atazanavir and cobicistat eluted at retention times 2.559 min and 3.576 min, respectively.

3.2 System Suitability Test

The suitability of the developed method was verified by repeated injections (n=5) of working standard solution (90 $\mu\text{g/mL}$ atazanavir and 45 $\mu\text{g/mL}$ cobicistat). The system suitability parameters such as USP plate count, USP tailing factor, USP resolution and repeatability of the retention time and peak areas were determined. The results and the acceptable limits are shown in Table 1.

3.3 Linearity and Concentration Ranges

The linearity of the proposed HPLC method was evaluated by analyzing a series of different concentrations (n=5) for each of the two drugs. The linear regression equations were generated by least square treatment of the calibration data. Under the optimized chromatographic conditions, the measured peak areas of atazanavir and cobicistat at 234 nm were found to be proportional to their concentrations. Table 2 presents the linear regression equations,

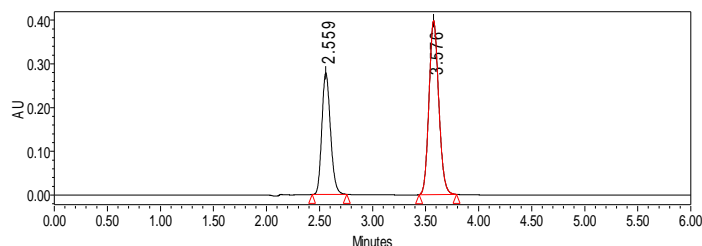


Fig. 3. Chromatogram of atazanavir and cobicistat under optimized conditions

Table 1. System suitability

| Parameters | Atazanavir | Cobicistat | Recommended limits |
|--------------------|--------------------------|---------------------------|--------------------|
| Retention time | 2.551 (%RSD - 0.268) | 3.574 (%RSD - 0.110) | RSD \leq 2 |
| Peak area | 1676351 (%RSD - 0.13) | 2781823 (%RSD - 0.105) | RSD \leq 2 |
| USP resolution | - | 6.27 | > 1.5 |
| USP plate count | 4869 | 7193 | > 2000 |
| USP tailing factor | 1.18 | 1.12 | \leq 2 |

Table 2. Linearity, regression and sensitivity parameters and for the determination of atazanavir and cobicistat

| Parameter | Atazanavir | Cobicistat |
|---|----------------------|---------------------|
| Linearity range ($\mu\text{g/mL}$) | 45-135 | 22.5-67.5 |
| Regression equation ($y^a = m x^b + c$) | $y = 18707 x - 7451$ | $y = 61760x - 4472$ |
| Slope (m) | 18707 | 61760 |
| % RSD of slope (n=3) | 0.186 | 0.127 |
| Intercept (c) | -7451 | -4472 |
| % RSD of intercept (n=3) | 0.242 | 0.217 |
| Regression coefficient (R^2) | 0.9999 | 0.9990 |
| LOD ($\mu\text{g/mL}$) | 0.074 | 0.056 |
| LOQ ($\mu\text{g/mL}$) | 0.248 | 0.187 |

a – peak area of the drug; *b* – concentration of drug in $\mu\text{g/mL}$

concentration ranges, regression coefficients, intercept and slope. Regression analysis shows good linearity as indicated from the correlation coefficient values (≥ 0.9990).

3.4 Sensitivity

Sensitivity of the method was assessed by determining limit of detection (LOD) and limit of quantification (LOQ). LOD and LOQ were calculated as signal-to-noise ratio of 3:1 and 10:1, respectively. The LOD and LOQ values for atazanavir and cobicistat were calculated and are presented in Table 1.

3.5 Precision

The precision for the proposed method was studied at a concentration of 90 $\mu\text{g/mL}$ atazanavir and 45 $\mu\text{g/mL}$ cobicistat using six replicate determinations. The percentage relative standard deviation (RSD %) did not exceed 1.0% proving the high repeatability of the developed method (Table 3).

3.6 Accuracy

The accuracy of the proposed method was established by means of the standard addition technique, by adding a known amount of standard drug at three different levels (50%,

100% and 150%) to the preanalyzed sample. Accuracy was expressed as percentage recovery in Table 4. The accuracy of the developed method for the atazanavir and cobicistat ranged from 99.311% to 100.342% and 99.103%-100.060%, respectively indicating acceptable accuracy.

Table 3. Precision of the method

| Atazanavir | | Cobicistat | |
|------------|-------|------------|-------|
| Peak area | %RSD | Peak area | %RSD |
| 1686749 | 0.290 | 2781916 | 0.401 |
| 1679478 | | 2759527 | |
| 1672187 | | 2785252 | |
| 1683510 | | 2789844 | |
| 1679810 | | 2773685 | |
| 1681125 | | 2786021 | |

3.7 Robustness

The robustness of the developed method was checked by studying the effect of deliberate changes in the flow rate of mobile phase (± 0.1 mL/min) and column temperature ($\pm 2^\circ\text{C}$) on the chromatographic system suitability parameters. According to the results shown in Table 5, these small and deliberate variations did not have any significant effect on the measured system suitability parameters.

Table 4. Accuracy of the method

| Spiked level | Concentration of drug ($\mu\text{g/mL}$) | | % recovery | % mean |
|-------------------|--|---------|------------|---------|
| | Added | Found | | |
| Atazanavir | | | | |
| 50% | 44.55 | 43.988 | 98.739 | 99.311 |
| | 44.55 | 44.122 | 99.039 | |
| | 44.55 | 44.619 | 100.156 | |
| 100% | 89.10 | 89.475 | 100.421 | 99.785 |
| | 89.10 | 88.429 | 99.247 | |
| | 89.10 | 88.820 | 99.686 | |
| 150% | 133.65 | 133.754 | 100.078 | 100.342 |
| | 133.65 | 135.058 | 101.053 | |
| | 133.65 | 133.510 | 99.895 | |
| Cobicistat | | | | |
| 50% | 22.50 | 22.422 | 99.654 | 99.636 |
| | 22.50 | 22.357 | 99.364 | |
| | 22.50 | 22.475 | 99.889 | |
| 100% | 45.00 | 44.985 | 99.966 | 101.060 |
| | 45.00 | 44.913 | 99.808 | |
| | 45.00 | 46.534 | 103.408 | |
| 150% | 67.50 | 66.154 | 98.006 | 99.103 |
| | 67.50 | 67.274 | 99.665 | |
| | 67.50 | 67.256 | 99.639 | |

Table 5. Robustness of the method

| Parameter | Investigated value | Area | USP plate count | USP tailing | USP resolution |
|------------------------------------|--------------------|---------|-----------------|-------------|----------------|
| Atazanavir | | | | | |
| Temperature ($^{\circ}\text{C}$) | 30-2 | 1915493 | 5051 | 1.20 | - |
| | 30+2 | 1490257 | 4467 | 1.16 | - |
| Flow rate (mL/min) | 1.2-0.1 | 1916559 | 5105 | 1.21 | - |
| | 1.2+0.1 | 1496352 | 4531 | 1.17 | - |
| Cobicistat | | | | | |
| Temperature ($^{\circ}\text{C}$) | 30-2 | 3182790 | 7683 | 1.13 | 6.90 |
| | 30+2 | 2467019 | 6900 | 1.11 | 6.55 |
| Flow rate (mL/min) | 1.2-0.1 | 3184220 | 7637 | 1.14 | 6.81 |
| | 1.2+0.1 | 2472818 | 6882 | 1.12 | 6.51 |

3.8 Specificity (Forced Degradation Studies)

The forced degradation study was conducted to make sure that the proposed method was able to separate atazanavir and cobicistat from the possible degradants generated during the acid, base, oxidative, sunlight and thermal degradation. The degradation study was carried out using the tablet powder containing atazanavir and cobicistat at a concentration of 90 $\mu\text{g/mL}$ and 45 $\mu\text{g/mL}$, respectively. Acidic degradation was performed by sonication of sample with 10 mL of 0.1N HCl for 30 minutes. Alkaline degradation was performed by sonication of sample with 10 mL of 0.1N NaOH for 30 minutes.

The acid and alkali degraded samples are neutralized with 0.1 N NaOH and 0.1 N HCl, respectively. Oxidative degradation was performed by sonication of sample with 10 mL of 30% hydrogen peroxide for 30 minutes. Thermal degradation was performed by heating the sample at 105 $^{\circ}\text{C}$ for 30 minutes in oven. The sample was exposed to sunlight for 24 hrs for photolytic degradation. All the forced degraded samples were injecting into the HPLC system. The chromatograms are shown in Figs. 4-8.

Under all degradation conditions, a small percentage of degradation was observed (Table 6). The analysis of the chromatograms of the degraded samples and determination of the

Table 6. Forced degradation studies

| Type of degradation | Peak area | % assay | % degradation | Purity angle | Purity threshold |
|---------------------|-----------|---------|---------------|--------------|------------------|
| Atazanavir | | | | | |
| Acid | 1559282 | 92.179 | 7.821 | 0.324 | 0.531 |
| Base | 1596131 | 94.358 | 5.642 | 0.318 | 0.524 |
| Oxidative | 1574632 | 93.087 | 6.913 | 0.295 | 0.506 |
| Heat | 1549937 | 91.627 | 8.373 | 0.316 | 0.503 |
| Sunlight | 1599045 | 94.530 | 5.470 | 0.300 | 0.496 |
| Cobicistat | | | | | |
| Acid | 2612874 | 93.645 | 6.355 | 0.204 | 0.274 |
| Base | 2601033 | 93.221 | 6.779 | 0.216 | 0.273 |
| Oxidative | 2673049 | 95.802 | 4.198 | 0.229 | 0.273 |
| Heat | 2650873 | 95.007 | 4.993 | 0.220 | 0.273 |
| Sunlight | 2601062 | 93.222 | 6.778 | 0.206 | 0.273 |

Table 7. Summary of reported and proposed methods

| Drug | Retention time (min) | Total run time (min) | LOD ($\mu\text{g/mL}$) | LOQ ($\mu\text{g/mL}$) | RSD (%) | Recovery (%) | Reference |
|------------|----------------------|----------------------|--------------------------|--------------------------|---------|----------------|----------------------|
| Atazanavir | 6.113 | 8.0 | 1.49 | 4.97 | 0.161 | 100 | Priya & |
| Cobicistat | 3.605 | | 1.13 | 3.77 | 1.594 | 99.90 | Sankar [9]. |
| Atazanavir | 5.277 | 20.0 | 0.5 | 1.11 | 1.2 | 101.8 | Kumar & |
| Cobicistat | 6.698 | | 1.30 | 2.41 | 1.4 | 101.6 | Getaw [10] |
| Atazanavir | 2.243 | 10.0 | 0.6 | 1.8 | 0.83 | 99.92-100.03 | Panigrahy & |
| Cobicistat | 6.043 | | 0.2 | 0.6 | 0.98 | 99.91-100.05 | Reddy [11] |
| Atazanavir | 0.619 | 3.0 | 0.150 | 0.500 | 1.069 | 99.95 | Purnima et al. [12]. |
| Cobicistat | 0.443 | | 0.250 | 0.850 | 1.153 | 100.20 | |
| Atazanavir | 2.559 | 6 | 0.074 | 0.248 | 0.290 | 99.311-100.342 | Proposed |
| Cobicistat | 3.576 | | 0.056 | 0.187 | 0.401 | 99.103-101.060 | method |

peak purity angle values demonstrated that the atazanavir peak and cobicistat peak was pure in all situations. The results of forced degradation studies allowed to conclude that the degradants produced as a result of forced degradation did not interfere with the detection atazanavir and cobicistat, and the proposed method can hence be regarded as stability-indicating.

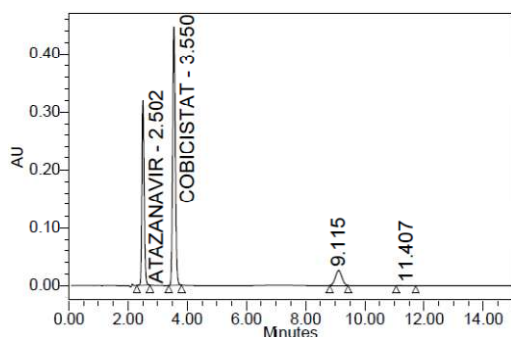


Fig. 4. Chromatogram of acid degraded sample

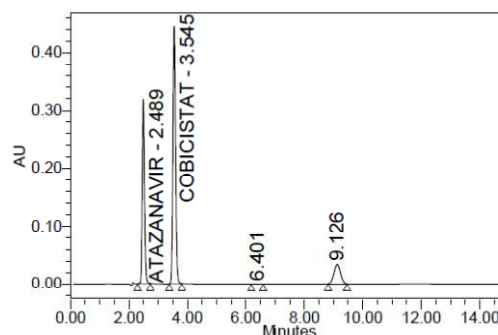


Fig. 5. Chromatogram of base degraded sample

3.9 Selectivity

The chromatograms of mobile phase blank, placebo blank, tablet sample and standard sample were compared to establish the selectivity of method. Placebo blank solution was prepared in the same way of the tablet sample solution by common excipients of the tablet dosage form but without atazanavir and

cobicistat. The chromatograms are presented in Fig. 9-12. The method was selective for the simultaneous assay of atazanavir and cobicistat, since common excipients of the tablet dosage form and components of the mobile phase did not interfere with the peaks of atazanavir and cobicistat.

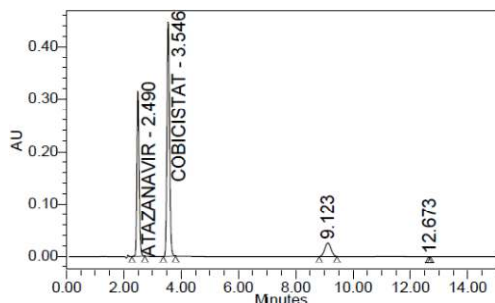


Fig. 6. Chromatogram of H₂O₂ degraded sample

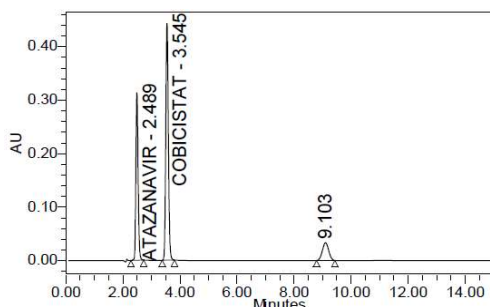


Fig. 7. Chromatogram of heat degraded sample

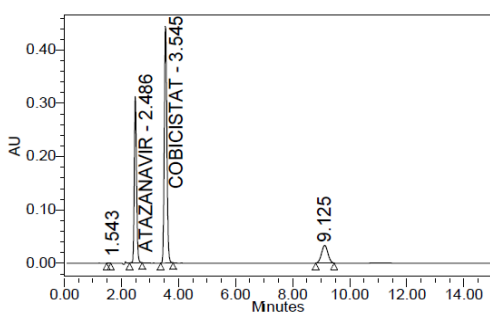


Fig. 8. Chromatogram of photo degraded sample

3.10 Comparison of the Proposed Method with Reported Method

The developed method has the advantages of being more sensitive and precise than the reported RP-HPLC methods [9-11]. The total run

time of <8 minutes enables rapid determination of drug combination than the reported methods [9-11]. Unlike the methods of Kumar & Getaw [10] and Panigrahy & Reddy [11], the proposed method does not use acetonitrile in the preparation of mobile phase. Unlike the RP-UPLC method of Purnima et al. [12], the proposed method does not use triple solvent system as mobile phase. The lengthy total run time, use of acetonitrile as organic modifier and use of triple solvent system increases the cost of analysis. Though the RP-UPLC method [12] is sensitive and rapid, requires sophisticated and costly instrumentation which is not available in the most of developing and underdeveloped countries. The details of the proposed and reported methods are summarized in Table 1.

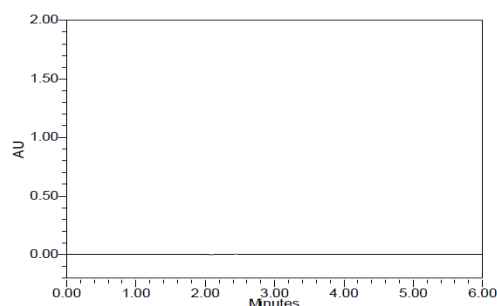


Fig. 9. Chromatogram of mobile phase blank

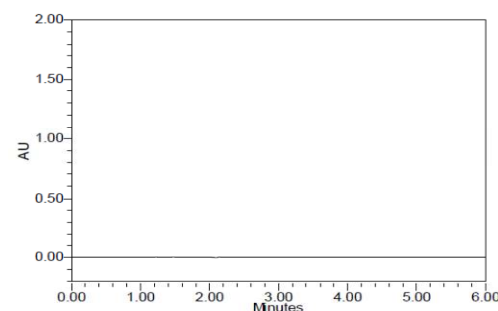


Fig. 10. Chromatogram of placebo blank

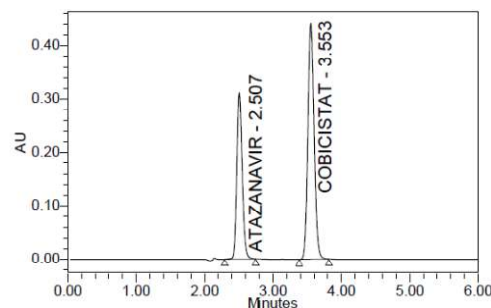


Fig. 11. Chromatogram of tablet sample

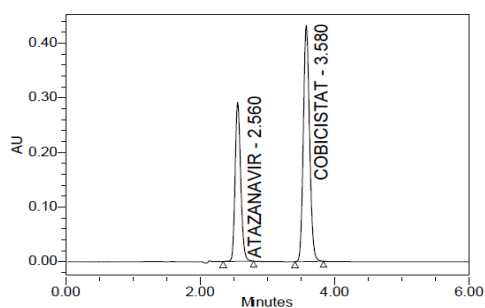


Fig. 12. Chromatogram of standard sample

4. CONCLUSION

A simple, rapid, accurate, precise and sensitive HPLC method with photodiode array detection was developed for the simultaneous determination of atazanavir and cobicistat in bulk and in combined tablets. The method was validated for linearity, limit of detection, limit of quantitation, precision, accuracy, robustness, specificity and selectivity as indicated by the ICH guidelines. The retention time of less than 5 minutes for both the drugs enables rapid determination of drugs. The proposed method is adequate to separate the peaks of atazanavir and cobicistat from the degradants produced during forced degradation studies. Hence, it can be recommended for use in quality control laboratories for the simultaneous assay of atazanavir and cobicistat in the presence of its degradants.

CONCENT

It is not applicable.

ETICAL APPROVAL

It is not applicable.

ACKNOWLEDGEMENTS

Authors are thankful to Acharya Nagarjuna University, Nagarjuna nagar, Guntur for support and encouragement.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Diane VH, O'Marro SD. Atazanavir: New option for treatment of HIV infection. *Clin Infect Dis.* 2004;38(11):1599-604. DOI: 10.1086/420932

2. Wood R. Atazanavir: Its role in HIV treatment. *Expert Rev Anti Infect Ther.* 2008;6(6):785-96. DOI: 10.1586/14787210.6.6.785
3. Croom KF, Dhillon S, Keam SJ. Atazanavir: A review of its use in the management of HIV-1 infection. *Drugs.* 2009;69(8):1107-40. DOI: 10.2165/00003495-200969080-00009
4. Eduardo S, Vicente S, María MG, Luz MC, Holger G, Manuel D, Werner K, Eva P. Impact of baseline HIV-1 tropism on viral response and CD4 cell count gains in HIV-infected patients receiving first-line antiretroviral therapy. *J Infect Dis.* 2011; 204(1):139-44. DOI: 10.1093/infdis/jir218
5. Cordery DV, Hesse K, Amin J, Cooper DA. Raltegravir and unboosted atazanavir dual therapy in virologically suppressed antiretroviral treatment-experienced HIV patients. *Antivir Ther.* 2010;15(7):1035-38. DOI: 10.3851/IMP1647
6. Deeks ED. Cobicistat: A review of its use as a pharmacokinetic enhancer of atazanavir and darunavir in patients with HIV-1 infection. *Drugs.* 2014;74(2):195-206. DOI: 10.1007/s40265-013-0160-x
7. Lepist EI, Phan TK, Roy A, Tong L, MacLennan K, Murray B, Ray AS. Cobicistat boosts the intestinal absorption of transport substrates, including HIV protease inhibitors and GS-7340, *in vitro*. *Antimicrob Agents Chemother.* 2012; 56(10):5409-13. DOI: 10.1128/AAC.01089-12
8. FDA approves evotaz (Atazanavir/ Cobicistat) to treat HIV. Available: <https://www.poz.com/article/Evotaz-approval-26744-5779>
9. Priya DS, Sankar DG. Stability indicating RP-HPLC method development and validation for simultaneous determination of atazanavir and cobicistat in bulk and pharmaceutical formulation. *American J PharmTech Res.* 2015;6(1):527-40.
10. Kumar KB, Getaw NS. Development and validation of stability indicating RP-HPLC method for the simultaneous estimation of atazanavir and cobicistat in tablets. *Int J Pharm Ind Res.* 2015;5(4):167-77.
11. Uttam PP, Reddy ASK. A Novel validated RP-HPLC method for the simultaneous

- estimation of atazanavir sulphate and cobicistat in bulk and pharmaceutical dosage form. Int J Pharma Sci Rev Res. 2016;36(2):82-9.
12. Purnima BV, Kumari MS, Ramu G, Reddy TVB, Rao YS, Ramachandran D. Assay and stability studies of cobicistat and atazanavir sulphate in combined dosage form by RP-UPLC method. Der Pharmacia Lettre. 2016;8(2):435-46.
13. International Conference on Harmonization, Validation of Analytical Procedure, Text and Methodology Q2 (R1), IFMA, Geneva, Switzerland; 2005.

© 2016 Nalini et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:
<http://sciencedomain.org/review-history/14683>