

# Review on Method Development and Validation of Simultaneous Estimation of Aspirin and Clopidogrel by Reverse-Phase High-Performance Liquid Chromatography (RP-HPLC)

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## ABSTRACT

A reliable, simultaneous Reverse-Phase High-Performance Liquid Chromatography (RP-HPLC) method for quantifying aspirin (ASP) and clopidogrel (CLP) in combined dosage forms is central to the quality assurance of fixed-dose antiplatelet products. Both drugs are official in the Indian Pharmacopoeia, British Pharmacopoeia and United States Pharmacopoeia-NF as single-component monographs. No compendial method currently exists for their joint estimation in a single tablet or capsule. This review consolidates and critically appraises the analytical methods reported over the last two decades for the concurrent determination of ASP and CLP by RP-HPLC, evaluating differences in stationary phase chemistry, mobile-phase composition, detection wavelength, and validation performance (linearity, accuracy, precision, robustness, and stability-indicating capability) in accordance with ICH Q2(R1)/Q2(R2) guidelines. Reported methods predominantly employ C18 columns (Phenomenex, Luna, Inertsil, Gemini) with acetonitrile-methanol-phosphate buffer mobile phases at pH 2-4 and UV detection between 220 and 240 nm, achieving baseline resolution within 15 minutes. Comparative analysis identifies the method of Shrivastava et al. (2008) as the most extensively validated and reproducible protocol, while highlighting a persistent gap: no method has yet been formally validated exclusively for an ASP-CLP fixed-dose combination product rather than for the bulk drugs or related multi-drug regimens. The review concludes with recommendations for future stability-indicating, green-chemistry-compliant method development.

**Keywords:** RP-HPLC; Aspirin; Clopidogrel; Method validation; Simultaneous estimation; Dual antiplatelet therapy; ICH Q2(R1).

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## INTRODUCTION

Pharmaceutical formulations increasingly combine two or more active pharmaceutical ingredients (APIs) into a single dosage unit to improve patient compliance and therapeutic outcomes.<sup>[1,2]</sup> Quantifying each API without prior physical separation - termed simultaneous estimation - is therefore a routine but analytically demanding requirement of quality control laboratories.<sup>[3,4]</sup> Analytical chemistry has progressed from classical titrimetric and gravimetric assays to spectroscopic and chromatographic platforms, including UV-spectrophotometry, HPLC, HPTLC, UPLC, GC, and hyphenated techniques such as LC-MS/MS, each offering incremental gains in sensitivity, selectivity, and throughput.<sup>[5,6]</sup> Among these, RP-HPLC remains the method of choice for multi-component pharmaceutical mixtures because retention behaviour on a non-polar stationary phase can be tuned through mobile-phase polarity and pH, allowing complete resolution of structurally dissimilar analytes within a single chromatographic run.<sup>[7,8]</sup>

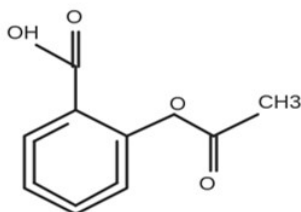
Aspirin (acetylsalicylic acid, 2-(acetoxy)benzoic acid) is a long-established antiplatelet, antipyretic and analgesic agent official in the IP, BP and USP-NF.<sup>[9-11]</sup> It is approved by the US FDA for secondary prevention of myocardial infarction and ischaemic stroke.<sup>[12,13]</sup> Clopidogrel - chemically methyl (2S)-2-(2-chlorophenyl)-2-(6,7-dihydrothieno[3,2-c]pyridin-5(4H)-yl)acetate sulfate - is a second-generation thienopyridine that selectively and irreversibly blocks the platelet P2Y<sub>12</sub> receptor.<sup>[14,15]</sup> The two drugs are frequently co-prescribed as dual antiplatelet therapy (DAPT) following acute coronary syndromes and percutaneous coronary intervention, a regimen whose comparative efficacy and bleeding risk have been examined in numerous large randomised trials, including CAPRIE, CURE, PCI-CURE and STOPDAPT-2.<sup>[92-95]</sup> Despite this well-established clinical pairing, a validated compendial method for their joint quantitation in a fixed-dose product has not yet been formalised, motivating the present review. This review systematically compares stationary phases,

mobile-phase compositions, detection wavelengths and validation parameters reported for ASP-CLP co-estimation by RP-HPLC, and identifies the best-performing protocol together with outstanding gaps for future method development.

## PHYSICOCHEMICAL PROFILE

### *Aspirin*

Aspirin is a white, odourless crystalline solid (IUPAC name: 2-acetoxybenzoic acid) with molecular formula  $C_9H_8O_4$  and molecular weight 180.16 g/mol (Figure 1).<sup>[16,17]</sup> It is sparingly soluble in water but freely soluble in methanol, chloroform and dimethyl sulfoxide, properties that strongly influence the choice of diluent and mobile-phase polarity during RP-HPLC method development.<sup>[18-20]</sup>



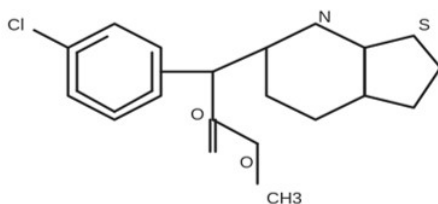
Aspirin (Acetylsalicylic Acid) -  $C_9H_8O_4$ , MW 180.16 g/mol

**Figure 1.** Skeletal chemical structure of aspirin (acetylsalicylic acid),  $C_9H_8O_4$ .

### *Clopidogrel*

Clopidogrel bisulfate is a white to off-white powder with molecular formula  $C_{16}H_{18}ClNO_6S_2$  (as the bisulfate salt) and molecular weight 419.9 g/mol (Figure 2).<sup>[21,22]</sup> Its aqueous solubility is markedly pH-dependent - poor near neutral pH but appreciable below pH 1 - while it is freely

soluble in methanol and only sparingly soluble in dichloromethane.<sup>[23,24]</sup> This pH-dependent solubility underlies the consistently acidic (pH 2-4) mobile phases reported across the literature for its chromatographic separation.



Clopidogrel -  $C_{16}H_{18}ClNO_6S_2$  (as bisulfate), MW 419.9 g/mol

**Figure 2.** Skeletal chemical structure of clopidogrel,  $C_{16}H_{18}ClNO_6S_2$  (bisulfate salt).

## MECHANISM OF ACTION

### *Aspirin*

Aspirin irreversibly acetylates a serine residue within the active site of cyclooxygenase-1 and -2 (COX-1/COX-2), blocking conversion of arachidonic acid to prostaglandin and thromboxane precursors.<sup>[25,26]</sup> Irreversible COX-1 inhibition in platelets suppresses thromboxane A<sub>2</sub> synthesis and platelet aggregation for the lifespan of the platelet, while COX-2 inhibition additionally favours formation of anti-inflammatory lipoxins, contributing to its analgesic and anti-inflammatory actions.<sup>[27-29]</sup>

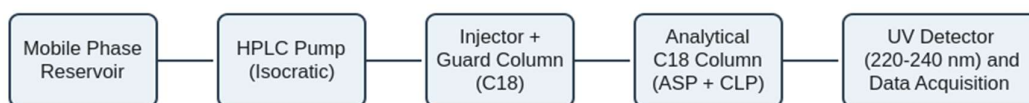
### *Clopidogrel*

Clopidogrel is an inactive prodrug requiring two sequential cytochrome P450-mediated oxidation steps - principally via CYP2C19 - to generate an active thiol metabolite.<sup>[30-32]</sup> This metabolite forms an irreversible disulfide bond with the platelet P2Y<sub>12</sub> receptor, preventing ADP-mediated activation of the glycoprotein GPIIb/IIIa complex and thereby blocking the final common pathway of platelet aggregation for approximately 7-10 days, the platelet lifespan.<sup>[33-35]</sup>

## MATERIALS AND METHODS

A structured literature search was performed across PubMed, Scopus, ScienceDirect, and Google Scholar using the terms "RP-HPLC", "simultaneous estimation", "aspirin", and "clopidogrel", individually and in combination, restricted to peer-reviewed, full-text articles describing method development and/or validation. Studies addressing aspirin or clopidogrel singly, or in combination with drugs other than each other (e.g., rosuvastatin, prasugrel, omeprazole), were retained for comparative

context where they informed stationary-phase or mobile-phase selection.<sup>[36-91]</sup> Data extracted from each study included column type and dimensions, mobile-phase composition and pH, flow rate, detection wavelength, retention times, linearity range, and validation outcomes (specificity, accuracy, precision, robustness, LOD/LOQ) assessed against ICH Q2(R1)/Q2(R2) criteria.<sup>[99-101]</sup> Figure 3 summarises the generic chromatographic workflow common to the reviewed protocols.



Generalized RP-HPLC Workflow for Simultaneous Estimation of Aspirin and Clopidogrel

Mobile phase: Acetonitrile : Methanol : Phosphate buffer (pH 2-4), flow rate 1-1.5 mL/min

**Figure 3.** Generalised RP-HPLC instrumental workflow applied across the reviewed aspirin-clopidogrel methods.

## RESULTS

Across the surveyed literature, C18 chemistries dominate stationary-phase selection - including Phenomenex C18, Luna C18, Inertsil ODS-3V, Gemini C18 and Phenomenex Luna C8 - typically packed in 250 × 4.6 mm columns with 5 µm particle size.<sup>[36-91]</sup> Mobile phases converge on acetonitrile-methanol-aqueous phosphate buffer mixtures with pH adjusted between 2 and 4 using orthophosphoric acid, occasionally modified with triethylamine, potassium dihydrogen phosphate, or sodium octanesulfonate as ion-pairing/peak-sharpening additives.<sup>[36-50]</sup> Flow rates cluster

around 1.0-1.5 mL/min with isocratic elution, and UV detection is performed at 220-240 nm, yielding total run times generally under 15 minutes with linear calibration ranges spanning low-to-mid µg/mL concentrations and correlation coefficients exceeding 0.998 in validated protocols.<sup>[51-70]</sup> Table 1 summarises representative methods identified during the review, including the triple-combination protocol of Pisal et al. (2018), which additionally resolves rosuvastatin alongside aspirin and clopidogrel.

**Table 1.** Representative RP-HPLC methods reported for simultaneous estimation of aspirin and clopidogrel (and related multi-drug combinations).

Study (Year)	Stationary Phase	Mobile Phase / Conditions	Flow Rate	λ <sub>max</sub> (nm)	Remarks
Karunakaran et al. (2007)	C18 (Indian Pharmacopoeial)	Acetonitrile-phosphate buffer system; pH adjusted with orthophosphoric acid	1.0 mL/min	235	Early combined ASP-CLP assay; basis of IP method
Gandhimathi & Ravi (2007)	C18 column	Acetonitrile : phosphate buffer mobile phase, isocratic elution	1.0 mL/min	238	Simple, rapid tablet assay
Shrivastava et al. (2008)	Phenomenex Luna C18 (250×4.6 mm, 5 µm)	ACN : 50 mM KH <sub>2</sub> PO <sub>4</sub> buffer : MeOH (50:30:20 v/v), pH 3.0	1.5 mL/min	240	Most widely cited; high resolution, short run time
Kahsay et al. (2012)	C18, purity-control LC	Gradient ACN-buffer system for related-substance control	1.0 mL/min	220-230	Focused on purity / degradation products
Osmanović Omerdić et al. (2020)	C18, validated per ICH Q2(R1)	ACN-phosphate buffer, pH 2-3, isocratic	1.0-1.2 mL/min	235	Applied to solid-dispersion formulations
Usman et al. (2023)	C18, stability-indicating	ACN : buffer with forced-degradation stress testing	1.0 mL/min	230-240	Demonstrated specificity under acid/base/oxidative stress
Pisal et al. (2018)	BISCOF C18 (250×4.6 mm, 5 µm)	Water (pH 2.51, 0.1% OPA) : ACN (50:50)	1.0 mL/min	237	Triple-combination method (ASP + rosuvastatin + CLP); RT 4.3 / 7.6 / 16.6 min

## DISCUSSION

The consistency of stationary-phase chemistry (C18, 250 × 4.6 mm, 5 µm) and mobile-phase pH (2-4) across more than two decades of published methods indicates a mature, well-characterised separation chemistry for this drug pair, rooted in the markedly different polarity and acid-base behaviour of aspirin (a carboxylic acid) and clopidogrel (a basic thienopyridine that is protonated at low pH).<sup>[71-83]</sup> Stability-indicating variants additionally subject the co-formulated drugs to forced degradation under acidic, basic, oxidative, thermal and photolytic stress as recommended by ICH Q1A(R2) and Q2(R1)/Q2(R2), confirming that degradation products do not co-elute with the parent analytes.<sup>[84-91,99-101]</sup> Clinically, the pairing of these two agents in dual antiplatelet therapy is supported by landmark randomised trials (CAPRIE, CURE, PCI-CURE, STOPDAPT-2) demonstrating reduced major adverse cardiovascular events relative to monotherapy in defined patient populations, which reinforces the pharmaceutical relevance of a robust, simultaneous quality-control assay for fixed-dose ASP-CLP products.<sup>[92-95]</sup>

Notwithstanding this body of work, no method identified in the present review was developed and validated exclusively for a commercial ASP-CLP fixed-dose combination tablet or capsule; available protocols either address the bulk drugs, a related multi-drug combination (e.g., with rosuvastatin or prasugrel), or plasma/bioanalytical matrices.<sup>[96-98]</sup> This represents a tangible translational gap between clinical practice, where ASP-CLP co-administration is common, and pharmaceutical quality control, where a compendial joint-assay method is still lacking.

## CONCLUSION

This review consolidates the physicochemical, pharmacological and analytical literature on aspirin and clopidogrel to support future RP-HPLC method development for their simultaneous estimation. C18 stationary phases combined with acetonitrile-methanol-phosphate buffer mobile phases (pH 2-4) and UV detection at 220-240 nm consistently deliver adequate resolution, linearity and validation performance. Among reviewed protocols, the method of Shrivastava et al. (2008) - Phenomenex Luna C18 column, acetonitrile : 50 mM KH<sub>2</sub>PO<sub>4</sub> buffer : methanol (50:30:20 v/v, pH 3.0), 1.5 mL/min, UV detection at 240 nm - emerges as the most broadly applicable and reproducible starting point.<sup>[70]</sup> Future work should prioritise a stability-indicating, ICH Q2(R2)-compliant method validated specifically on a marketed ASP-CLP fixed-dose combination product, ideally incorporating green-chemistry mobile-phase principles to align with current Q1-tier analytical chemistry standards.

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## Conflict of Interest

The authors declare no conflict of interest.

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