

Research Article

**Validated RP-HPLC Method for Routine Analysis of Solifenacin in Bulk and Finished Products****Dr. JN. Suresh Kumar, Dr. B. Satya Prasad, Valaparla Venu***

Department of Pharmaceutical Analysis, Narasaraopeta Institute of Pharmaceutical Sciences, Kottappakonda Road, Yellamanda (P), Narasaraopet (M), Palnadu (Dt), India.

*Corresponding author's E-mail: venuvalaparla4@gmail.com**Received: 10-04-2026; Revised: 22-06-2026; Accepted: 29-06-2026; Published online: 20-07-2026.****ABSTRACT**

A simple, rapid, precise, and accurate reverse-phase high-performance liquid chromatographic (RP-HPLC) method was developed and validated for the routine quantitative estimation of solifenacin succinate in bulk drug and pharmaceutical dosage forms. Chromatographic separation was achieved using a Sunfire C8 column (150 mm × 4.8 mm, 5 µm) with a mobile phase consisting of buffer, methanol, and acetonitrile in the ratio of 45:45:10 (v/v), delivered at an optimized flow rate. Detection was carried out using a UV detector, and solifenacin showed a well-resolved peak with a retention time of approximately 3.2 minutes. The method was validated in accordance with ICH guidelines for parameters including linearity, precision, accuracy, robustness, limit of detection (LOD), and limit of quantification (LOQ). The calibration curve was found to be linear over the concentration range of 20–100 µg/mL with a correlation coefficient of 0.9996. The %RSD for precision was less than 2%, indicating good repeatability and reproducibility. Accuracy studies showed recovery values within acceptable limits (98–102%), confirming the reliability of the method. The LOD and LOQ were found to be 0.93 µg/mL and 3.07 µg/mL, respectively, demonstrating adequate sensitivity. The developed method was successfully applied for the assay of solifenacin in marketed tablet formulations, showing satisfactory results consistent with labeled claims. Stability studies under various stress conditions indicated that the method is stability-indicating. Overall, the proposed RP-HPLC method is simple, sensitive, robust, and suitable for routine quality control analysis of solifenacin in bulk and pharmaceutical formulations.

Keywords: Solifenacin, RP-HPLC, Method Validation, Chromatography.**INTRODUCTION**

Solifenacin succinate is a competitive muscarinic acetylcholine receptor antagonist used in the treatment of overactive bladder with or without urge incontinence. Chemically it is 1-azabicyclo[2.2.2]oct-8-yl(1S)-1-phenyl-3,4-dihydro-1Hisoquinoline-2 carboxylate. The molecular formula of solifenacin succinate is C₂₃H₂₆N₂O₂ with its molecular weight 362.46. Solifenacin is extensively metabolized in the liver. The metabolites observed as one pharmacologically active metabolite (4Rhydroxy solifenacin), and three pharmacologically inactive metabolites (N-glucuronide and the N-oxide and 4R-hydroxy-N-oxide of solifenacin) occurring at low concentrations in human plasma after oral dosing. After oral administration of vesicare to healthy volunteers, peak plasma levels (C_{max}) of solifenacin are reached within 3 to 8 hours after administration and at steady state ranged from 32.3 to 62.9 ng/mL for the 5 and 10 mg vesicare tablets, respectively. The terminal elimination half-life of SF is approximately 45–68 hours. Solifenacin is approximately 98% (in vivo) bound to human plasma proteins, principally to alpha-1-acid glycoprotein^{1–10}.

Literature survey reveals that quantification of solifenacin in human plasma^{11, 12}, rat plasma¹³, pharmaceutical compounds^{14–17}, and industrial waste streams¹⁸ was reported. These methods were reported by using LC-MS/MS^{11, 12, 18}, HPLC^{13–16} and HPTLC¹⁷. Among all, quantification of solifenacin by LC-MS/MS in biological matrices^{11–13} was proved best results.

The reported HPLC methods^{13–16} have some drawbacks in terms of ruggedness, reproducibility, and sensitivity in long run. The main goal of the present study is to develop and validate the novel simple, higher sensitive, selective, rugged, and reproducible analytical method for quantitative determination of solifenacin in pharmaceutical compounds by HPLC. The developed method would be applied in finished product and in quality control.

MATERIALS AND METHODS**Instrumentation:**

The Waters HPLC system equipped with autosampler and UV or DAD was used for method development and method validation. The output signal was monitored and processed by using Empower software.

Materials

Solifenacin succinate bulk drug was made available from Pharma Train, Hyderabad; orthophosphoric acid, potassium phosphate monobasic, methanol, and acetonitrile were obtained from Merk. Commercially available solifenacin tablets were used for the dosage form analysis. All chemicals and reagents used were of HPLC grade; Milli-Q-water was used throughout the experiment. The pharmaceutical dosage form assayed in the study is test formulation containing 5 mg of solifenacin.



PREPARATION OF BUFFER AND MOBILE PHASE:

A 0.1% trifluoroacetic acid solution was prepared on addition of 1mL trifluoroacetic acid to a 1000mL flask containing Milli-Q water; then, pH was corrected to 3.0 using orthophosphoric acid.

Preparation of Mobile phase:

450mL (45%) of prepared buffer, 450mL (45%) of methanol, and 100mL (10%) of acetonitrile were combined to make the mobile phase for 1000mL.

Preparation of Standard solution:

Solifenacin Succinate, 25mg, was added to a 25mL flask and then diluted to the desired concentration (primary stock solution). 0.6mL was also taken in a 10mL flask from the stock solution. The resulting solution is 60 µg/mL of Solifenacin Succinate.

Sample Preparation:

In a 25mL flask, five Solifenacin Succinate tablets are weighed, broken up, and transferred to a 25mg Solifenacin Succinate equivalent (marketed formulation = 308.8mg pill Powder) 308.8 mg in weight (Stock solution). From the above information, 60µg/mL of Solifenacin Succinate was diluted in a 10mL flask and, therefore, 0.6mL was obtained.

Assay of Pharmaceutical Dosage Form: Sample Preparation. Take 20 tablets and calculate the average weight. Crush the tablets and accurately weigh 50 mg of tablet powder and transfer it into 100 mL volumetric flask and add sample solvent to extract solifenacin by ultrasonication for 10 min. The resultant mixture was filtered through 0.45 µ filter. From this, take 10.0 mL and transfer it to 50 mL volumetric flask and make up the volume using mobile phase.

RESULTS AND DISCUSSION**Optimization of Chromatographic Conditions:**

Several HPLC methods were developed for the estimation of solifenacin using methanol, water, acetonitrile and phosphate, acetate, and OPA buffer. Hence, we have selected Reverse phase sunfire C8 (150 mm × 4.8 mm, 5 µm) column to decrease the retention time and to obtain symmetric peaks having good resolution.

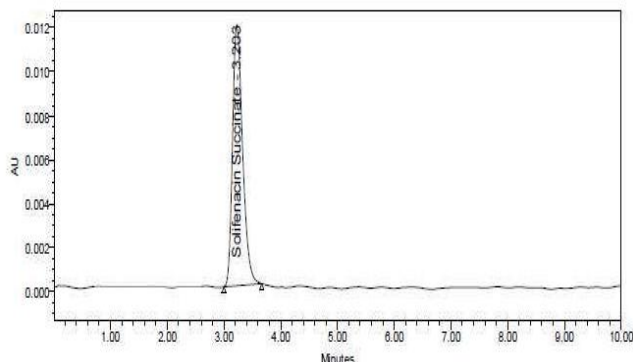


Figure 1: Optimized chromatogram of Solifenacin Succinate

Different trails were performed using different proportions of potassium phosphate buffer having different pH with methanol and acetonitrile. The mobile phase containing buffer: Methanol: Acetonitrile (45: 45: 10 v/v) at pH 6.0 was found to be satisfactory and gave symmetric and well resolved peak for solifenacin. The retention time of solifenacin was found to be 3.203. The standard chromatogram was shown in Figure 1.

Validation of Proposed Method:

The proposed method was validated according to the International Conference on Harmonization (ICH) guidelines¹⁹.

Linearity: Linearity test solutions of solifenacin (20 – 100 µg/mL) were prepared from the stock solution at five different concentration levels. The calibration curves were constructed by plotting peak areas versus their corresponding concentrations. The slope, Y-intercept, and correlation coefficient of the calibration curve were calculated. The correlation coefficient was found to be 0.9996 and the calibration curve for solifenacin is given in Figure 2 and Table 1.

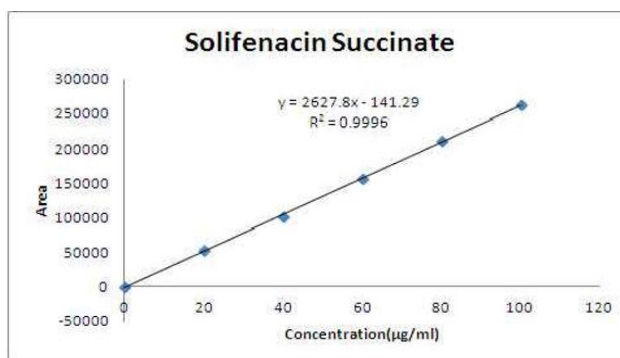


Figure 2: Calibration curve of Solifenacin

Table 1: Calibration curve data of Solifenacin

S. No	Conc. (µg/mL)	Average peak area	Rt (minutes)
1	20	54694	3.219
2	40	101930	3.227
3	60	156336	3.228
4	80	211765	3.222
5	100	262769	3.220

Precision:

Precision was evaluated by injecting five replicate injections of solifenacin of standard concentration under the same chromatographic conditions and calculated by the % RSD. The % RSD indicates that the developed method is repeatable. The % RSD for assay of solifenacin was found to be 0.7. The results are shown in Table 2.

Table 2: Results of precision data

Sample No.	Conc. (µg/mL)	System Precision (Repeatability)	Method Precision (Reproducibility)	Intermediate precision
Injection-1	60	152826	152826	156293
Injection-2	60	152093	152635	153299
Injection-3	60	152078	152763	153034
Injection-4	60	153435	153722	154244
Injection-5	60	152934	154264	155261
Injection-6	60	154964	152877	153566
Mean± SD		153055.0 ±1071.0	153322.3±656.2	154282.8±1268.1
% RSD		0.7	0.4	0.8

Table 3: Results of Accuracy data

Conc. Taken (µg/mL)	Recovery level	Amount added (µg/mL)	Amount found (µg/mL)	Peak area (n=3)	% Recovery	% RSD
60	50%	12.5	12.62	77170.3	100.95	0.45
	100%	25	25.16	153884.7	100.65	
	150%	37.5	37.52	229433	100.05	

Intermediate Precision:

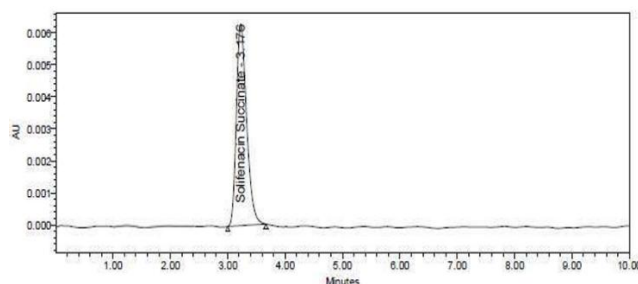
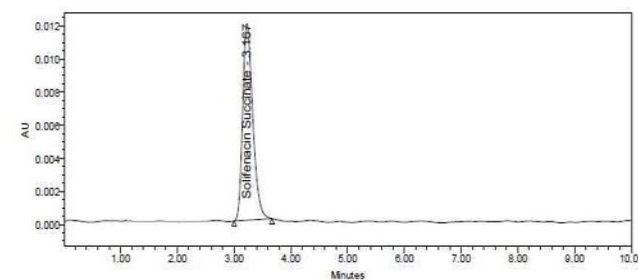
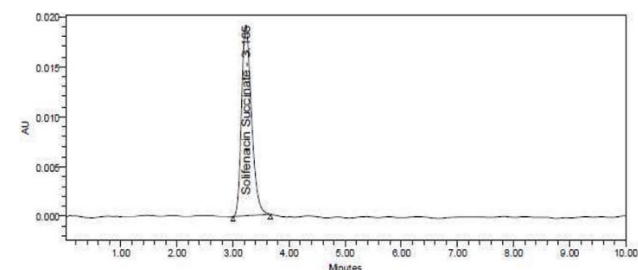
The intermediate precision of the method was checked by determining precision on the same instrument, using the same chromatographic conditions in different day. The %RSD of solifenacin was found to be below 2 even when it is performed in different day. The method is said to be precise with respect to the criteria of the intermediate precision. The results are given in Table 2.

Accuracy:

In order to judge the quality and applicability of method the recovery analysis was performed at three levels 50%, 100%, and 150% by standard addition method. The % recoveries for solifenacin were calculated by injecting the samples and it was found to be within the limits; the results are given in Table 3 and chromatogram in Figure 3, 4 & 5.

Robustness:

The robustness as a measure of method capability to remain unaffected by small, but deliberate changes in chromatographic conditions was studied by testing influence of small changes in mobile phase composition (10% absolute change in organic phase) and flow rate (±0.2 mL/min). The USP plate count and USP tailing were within the limits. So, the method was found to be robust with respect to variability in all robust conditions. Results are shown in Table 4.

**Figure 3:** Chromatogram showing 50% Accuracy**Figure 4:** Chromatogram showing 100% Accuracy**Figure 5:** Chromatogram showing 150% Accuracy**Table 4:** Results of Robustness data

Parameter	Condition	Rt (min)	Plate Count	Tailing	Peak Area
Optimized	1 mL/min	3.198	3551.15	1.38	153515
	Buffer: methanol: Acetonitrile (45:45:10, v/v)				
Flow rate	0.9 mL/min	3.545	3494.29	1.41	177559
	1.1 mL/min	2.885	3466.64	1.44	130464
Mobile phase	Buffer: methanol: Acetonitrile (55: 35:10, v/v)	5.159	3890.88	1.20	161067
	Buffer: methanol: Acetonitrile (35:55:10, v/v)	2.254	3173.07	1.49	164207



LOD and LOQ:

The LOD and LOQ of solifenacin were determined by using the signal to noise approach as defined in ICH guidelines. The concentration with signal to noise ratio of LOD and LOQ at S/N was 3 and 10, respectively. The results are given in Table 5 & Figure 6 & 7.

Assay of Pharmaceutical Formulation:

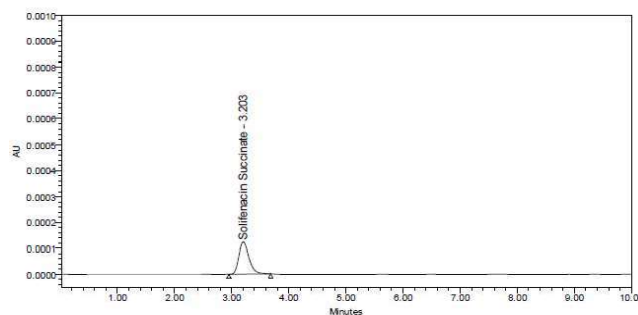
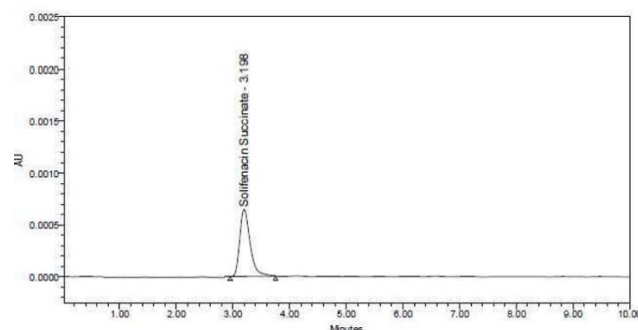
The proposed validated method was successfully applied to determine solifenacin in its tablet dosage form. The result obtained for solifenacin was comparable with the corresponding labeled amounts and they are given in Table 6.

Stability Studies:

Solifenacin resistance to various degradation routes is evaluated for the current project to understand its stability requirements better. Results are shown Table 11.

Table 5: Results of LOD & LOQ

Parameter	(µg/mL)	S/N Ratio	Area
LOD (µg/mL)	0.93	2.98	152603
LOQ (µg/mL)	3.07	10	163515

**Figure 6:** Chromatogram of LOD**Figure 7:** Chromatogram of LOQ**Table 6:** Results of Assay

Drug	Labelled claim	Test Conc.	Amount recovered (mg)	% Recovery
Solifenacin	10mg	60	10.04	100.4

Table 11: Results of stability studies

Stress Conditions	Peak Area	% Degradation	% Recovery
Acidic / 0.1N HCl for 24hrs at room temperature	139575	8.52	91.48
Basic / 1N NaOH for 24hrs at room temperature	136484	10.55	89.45
Oxidative 3% v/v Hydrogen peroxide for 24 hrs at room temperature	141187	7.47	92.53
Thermal at 110 ° C for 24 hrs	135599	11.13	88.87
Photo: Sunlight for 24 hrs	142982	6.29	93.71

CONCLUSION

The present work refers to the fact that the most accurate, precise, and robust HPLC method was developed and validated for estimation of solifenacin in pharmaceutical dosage form in accordance with the ICH parameters. The method was validated and found to be simple, accurate, and precise. Percentage of recovery shows that the method is free from interference of the excipients used in the formulation. Therefore, the proposed method can be used for routine analysis of solifenacin in its dosage form.

Source of Support: The author(s) received no financial support for the research, authorship, and/or publication of this article

Conflict of Interest: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

REFERENCES

- Morales-Olivas FJ, Estañ L. Farmacología de la solifenacina. Archivos Españoles de Urología (Ed. impresa). 2010 Feb;63(1):43-52.
- Doroshenko O, Fuhr U. Clinical pharmacokinetics and pharmacodynamics of solifenacin. Clinical pharmacokinetics. 2009 May;48(5):281-302.
- Hoffstetter S, Che Leong F. Solifenacin succinate for the treatment of overactive bladder. Expert opinion on drug metabolism & toxicology. 2009 Mar 1;5(3):345-50.
- Kuipers ME, Krauwinkel WJ, Mulder H, Visser N. Solifenacin demonstrates high absolute bioavailability in healthy men. Drugs in R & D. 2004 Mar;5(2):73-81.
- Leone Roberti Maggiore U, Salvatore S, Alessandri F, Remorgida V, Origoni M, Candiani M, Venturini PL, Ferrero S. Pharmacokinetics and toxicity of antimuscarinic drugs for overactive bladder treatment in females. Expert Opinion on Drug Metabolism & Toxicology. 2012 Nov 1;8(11):1387-408.



6. Uchida T, Krauwinkel WJ, Mulder H, Smulders RA. Food does not affect the pharmacokinetics of solifenacin, a new muscarinic receptor antagonist: results of a randomized crossover trial. *British journal of clinical pharmacology*. 2004 Jul;58(1):4-7.
7. Yamada S, Kuraoka S, Osano A, Ito Y. Characterization of bladder selectivity of antimuscarinic agents on the basis of in vivo drug-receptor binding. *International neurology journal*. 2012 Sep 30;16(3):107.
8. Maruyama S, Tsukada H, Nishiyama S, Kakiuchi T, Fukumoto D, Oku N, Yamada S. In vivo quantitative autoradiographic analysis of brain muscarinic receptor occupancy by antimuscarinic agents for overactive bladder treatment. *The Journal of pharmacology and experimental therapeutics*. 2008 Jun 1;325(3):774-81.
9. Kuipers M, Smulders R, Krauwinkel W, Hoon T. Open-label study of the safety and pharmacokinetics of solifenacin in subjects with hepatic impairment. *Journal of pharmacological sciences*. 2006;102(4):405-12.
10. Callegari E, Malhotra B, Bungay PJ, Webster R, Fenner KS, Kempshall S, LaPerle JL, Michel MC, Kay GG. A comprehensive non-clinical evaluation of the CNS penetration potential of antimuscarinic agents for the treatment of overactive bladder. *British journal of clinical pharmacology*. 2011 Aug;72(2):235-46.
11. Macek J, Ptáček P, Klíma J. Determination of solifenacin in human plasma by liquid chromatography–tandem mass spectrometry. *Journal of Chromatography B*. 2010 Dec 1;878(31):3327-30.
12. Mistri HN, Jangid AG, Pudage A, Rathod DM, Shrivastav PS. Highly sensitive and rapid LC–ESI-MS/MS method for the simultaneous quantification of uroselective α 1-blocker, alfuzosin and an antimuscarinic agent, solifenacin in human plasma. *Journal of Chromatography B*. 2008 Dec 15;876(2):236-44.
13. Yanagihara T, Aoki T, Soeishi Y, Iwatsubo T, Kamimura H. Determination of solifenacin succinate, a novel muscarinic receptor antagonist, and its major metabolite in rat plasma by semi-micro high performance liquid chromatography. *Journal of Chromatography B*. 2007 Nov 15;859(2):241-5.
14. Krishna SR, Rao BM, Rao NS. A validated rapid stability-indicating method for the determination of related substances in solifenacin succinate by ultra-fast liquid chromatography. *Journal of chromatographic science*. 2010 Nov 1;48(10):807-10.
15. Desai D, Patel G, Shukla N, Rajput S. Development and validation of stability-indicating HPLC method for solifenacin succinate: isolation and identification of major base degradation product. *Acta Chromatographica*. 2012 Sep 1;24(3):399-418.
16. Reddy BR, Reddy BS, Raman NV, Reddy KS, Rambabu C. Development and validation of a specific stability indicating high performance liquid chromatographic methods for related compounds and assay of solifenacin succinate. *Journal of chemistry*. 2013;2013(1):412353.
17. Desai D, Mehta G, Ruikar D, Jain R, Rajput S. Development and Validation of Stability-Indicating HPTLC Method of Solifenacin Succinate. *Asian Journal of Pharmaceutical & Biological Research (AJPBR)*. 2011 Sep 1;1(3).
18. Deegan AM, Cullen M, Oelgemöller M, Nolan K, Tobin J, Morrissey A. A SPE-LC-MS/MS method for the detection of low concentrations of pharmaceuticals in industrial waste streams. *Analytical letters*. 2011 Nov 15;44(17):2808-20.
19. ICH I. Q2 (R1): Validation of analytical procedures: text and methodology. In *International conference on harmonization*, Geneva 2005 Nov 6 (Vol. 2005).

For any questions related to this article, please reach us at: globalresearchonline@rediffmail.com

New manuscripts for publication can be submitted at: submit@globalresearchonline.net and submit_ijpsrr@rediffmail.com

