## ALBENDAZOLE CHEWABLE TABLETS

#### (ALBENDAZOLI COMPRESSI MANDUCABILI)

## Draft proposal for revision for The International Pharmacopoeia

(November 2020)

## DRAFT FOR COMMENTS

Please send any comments you may have on this draft working document to **Dr Herbert Schmidt**, Technical Officer, Norms and Standards for Pharmaceuticals, Technical Standards and Specifications (<a href="mailto:schmidth@who.int">schmidth@who.int</a>), with a copy to Claire Vogel (<a href="mailto:vogel@who.int">vogel@who.int</a>) by **15 January 2021.** 

Working documents are sent out electronically and they will also be placed on the WHO Medicines website (<a href="http://www.who.int/medicines/areas/quality\_safety/quality\_assurance/guidelines/en/">http://www.who.int/medicines/areas/quality\_safety/quality\_assurance/guidelines/en/</a>) for comments under the "Current projects" link. If you wish to receive our draft guidelines, please send your e-mail address to <a href="mailto:jonessi@who.int">jonessi@who.int</a> and your name will be added to our electronic mailing list.

#### © World Health Organization 2020

All rights reserved.

This is a draft. The content of this document is not final, and the text may be subject to revisions before publication. The document may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization.

Please send any request for permission to:

Dr Sabine Kopp, Group Lead, Norms and Standards for Pharmaceuticals, Technical Standards and Specifications, Department of Health Products Policy and Standards, World Health Organization, CH-1211 Geneva 27, Switzerland (email: <a href="mailto:kopps@who.int">kopps@who.int</a>).

The designations employed and the presentation of the material in this draft do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this draft.

However, the printed material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This draft does not necessarily represent the decisions or the stated policy of the World Health Organization.

## SCHEDULE FOR THE ADOPTION PROCESS OF DOCUMENT QAS/20.855/Rev.1:

39

40

41

38

# ALBENDAZOLE CHEWABLE TABLETS (ALBENDAZOLI COMPRESSI MANDUCABILI)

42

Description	Date
Meeting of the Working Group on Albendazole of <i>The International Pharmacopoeia</i> .	July 2020
Drafting of the revision based on information received by a manufacturer.	July 2020
Draft revision sent out for public consultation.	August-September 2020
Presentation to the Fifty-fifth WHO Expert Committee on Specifications for Pharmaceutical Preparations.	October 2020
Drafting of revision 1 based on the comments received during the first public consultation and made at the Fifty-fifth WHO Expert Committee on Specifications for Pharmaceutical Preparations	November 2020
Revision 1 sent out for public consultation.	November 2020 – January 2021
Further follow-up action as required.	

- 44 [Note from the Secretariat. It is proposed to revise the Dissolution test in monograph on
- 45 Albendazole chewable tablets based on information received by a manufacturer. Comments
- 46 are invited on the revised section.
- 47 Changes from the current monograph are indicated in the text by <u>insert</u> or <del>delete</del>.]

## ALBENDAZOLE CHEWABLE TABLETS 49 (ALBENDAZOLI COMPRESSI MANDUCABILI) 50 Category. Anthelminthic. 51 **Storage.** Albendazole chewable tablets should be kept in a tightly closed container. 52 **Labelling.** The designation on the container should state that the tablets may be chewed, 53 54 swallowed whole or crushed and mixed with food or liquid, and that the tablets should be crushed before being given to a young child. 55 Additional information. Strengths in the current WHO Model List of Essential Medicines 56 (EML): 400 mg. Strengths in the current EML for children: 400 mg. 57 Requirements 58 Comply with the monograph for *Tablets*. 59 **Definition.** Albendazole chewable tablets contain Albendazole in a suitable basis that may 60 contain suitable flavouring agents. They contain not less than 90.0% and not more than 110.0% 61 of the amount of Albendazole ( $C_{12}H_{15}N_3O_2S$ ) stated on the label. 62 **Identity tests** 63 Any two of tests A, B and C may be applied. 64 Carry out the test as described under 1.14.1 Thin-layer chromatography using the 65 A. chromatographic conditions given under "Related substances", Test B. 66 separately to the plate 10 µL each of the following solutions in a mixture of 9 volumes 67 of dichloromethane R and 1 volume of glacial acetic acid R. For solution (A), shake a 68 quantity of the powdered tablets containing about 2.5 mg of Albendazole with 25 mL, 69 filter and use the filtrate. For solution (B), use 0.1 mg of albendazole RS per mL. For 70

solution (C), use 0.1 mg of albendazole RS and 0.1 mg of oxibendazole R per mL.

After removing the plate from the chromatographic chamber, allow the plate to dry in

a current of warm air and examine the chromatogram under ultraviolet light (254 nm).

71

72

- 74 The test is not valid unless the chromatogram obtained with solution (C) shows two clearly separated spots.
- The principal spot obtained with solution (A) corresponds in position, appearance and intensity with that obtained with solution (B).
- B. See the test described below under "Assay", Method A. The retention time of the principal peak in the chromatogram obtained with solution (1) is similar to the retention time of the peak due to albendazole obtained with solution (3).
- See the test described under "Assay", Method B. The <u>absorption spectrum (1.6)</u> of the test solution, when observed between 220 and 340 nm, exhibits maxima at about 231 nm and at 308 nm; the absorbance at 308 nm is about 0.59.

### Dissolution

- 85 For 200 mg tablets: carry out the test as described under 5.5 Dissolution test for solid oral
- 86 dosage forms using 900 mL of hydrochloric acid (~3.65 g/L) TS as the dissolution medium
- and rotating the paddle at 50 revolutions per minute. At 30 minutes, withdraw a sample of
- about 10 mL of the dissolution medium through an in-line filter. Cool the filtered sample to
- 89 room temperature and dilute 2.0 mL of the obtained solution to 25.0 mL with the dissolution
- 90 <u>medium.</u>
- 91 Measure the absorbance (1.6) of a 1.0 cm layer of the solution at about 291 nm, using
- 92 hydrochloric acid (~3.65 g/L) TS as the blank. For each of the six tablets tested, calculate the
- 93 total amount of albendazole ( $C_{12}H_{15}N_3O_2S$ ) in the medium using the absorptivity value of 37.6
- 94  $(A_{1,cm}^{1\%} = 376)$ . The amount of albendazole released is not less than 80% (Q) of the amount
- 95 <u>declared on the label.</u>
- 96 For 400 mg tablets: carry out the test as described under 5.5 Dissolution test for solid oral
- 97 dosage forms using 900 mL of hydrochloric acid (~10 g/L) TS as the dissolution medium and
- 98 rotating the paddle at 50 revolutions per minute. At 30 minutes, withdraw a sample of about
- 99 10 mL of the dissolution medium through an in-line filter. Cool the filtered sample to room
- temperature and dilute 2.0 mL of the obtained solution to 50.0 mL with the dissolution medium.

101	Measure the absorbance (1.6) of a 1.0 cm layer of solutions (1) and (2) at about 291 nm, using		
102	hydrochloric acid (~10 g/L) TS as the blank. For each of the six tablets tested, calculate the		
103	total amount of albendazole ( $C_{12}H_{15}N_3O_2S$ ) in the medium using the absorptivity value of 37.		
104	$(A_{1cm}^{1\%} = 376)$ . The amount of albendazole released is not less than 80% (Q) of the amount		
105	declared on the label.		
106	Carry out the test as described under 5.5 Dissolution test for solid oral dosage forms using 900		
107	mL of hydrochloric acid (~3.65 g/L) TS as the dissolution medium and rotating the paddle a		
108	75 revolutions per minute. At 30 minutes withdraw a sample of about 15 mL of the dissolution		
109	medium through an in-line filter. Cool the filtered sample to room temperature. Transfer 1.0		
110	mL of the clear filtrate to a 50 mL volumetric flask and dilute to volume with sodium hydroxide		
111	(0.1 mol/L) VS. Measure the absorbance (1.6) of a 1 cm layer of the resulting solution at the		
112	maximum at about 308 nm, using sodium hydroxide (0.1 mol/L) VS as the blank.		
113	For each of the six tablets tested calculate the total amount of albendazole (C <sub>12</sub> H <sub>15</sub> N <sub>3</sub> O <sub>2</sub> S) in		
114	medium using the absorptivity value of 74.2 ( $^{A_{1cm}} = 742$ ). The amount in solution for each		
115	tablet is not less than 80% (Q) of the amount declared on the label.		
116	Related substances		
117	• Either method A or method B may be applied.		
118	A. Carry out the test as described under <u>1.14.4 High-performance liquid chromatograph</u>		
119	using the conditions given below under "Assay", Method A.		
120	Prepare the following solutions.		
121	Solvent mixture: dilute 1 volume of sulfuric acid R with 99 volumes of methanol R.		
122	For solution (1), transfer a quantity of the powdered tablets containing about 25 mg o		
123	Albendazole to a 50 mL volumetric flask. Add 5 mL of the solvent mixture and 20 mI		
124	of methanol R and shake to dissolve for about 15 minutes. Dilute to volume with		
125	methanol R. For solution (2), dilute 1.0 mL of solution (1) to 100.0 mL with methanol		
126	R. For solution (3), dissolve about 20 mg of albendazole RS and about 20 mg of		

oxibendazole R in 5 mL of solvent mixture and dilute to 100.0 mL with methanol R.

Inject separately 20  $\mu$ L each of solutions (1), (2) and (3). Record the chromatogram for about 25 minutes.

In the chromatogram obtained with solution (3), the peak due to oxibendazole is eluted at a retention time of about 9.9 min and the peak due to albendazole at a retention time of about 13.6 minutes. The test is not valid unless the resolution factor between the peak due to oxibendazole and the peak due to albendazole is at least 3.0.

In the chromatogram obtained with solution (1):

- the area of any peak, other than the principal peak, is not greater than the area of the peak due to albendazole in the chromatogram obtained with solution (2) (1.0%); and
- the area of not more than one such peak is greater than 0.75 times the area of the peak due to albendazole in the chromatogram obtained with solution (2) (0.75%).
- B. Carry out the test as described under <u>1114.1 Thin-layer chromatography</u> using silica gel R5 as the coating substance and a mixture of dichloromethane R, glacial acetic acid R and ether R (30:7:3 v/v) as the mobile phase. Apply separately to the plate 10 μL each of the following solutions in a mixture of 9 volumes of dichloromethane R and 1 volume of glacial acetic acid R. For solution (A), shake a quantity of the powdered tablets containing about 250 mg of Albendazole with 25 mL, filter and use the filtrate. For solution (B), use 0.1 mg of albendazole RS per mL. For solution (C), use 0.075 mg of albendazole RS per mL. For solution (D), use 0.1 mg albendazole RS and 0.1 mg oxibendazole R per mL. After removing the plate from the chromatographic chamber, allow the plate to dry in a current of warm air. Examine the chromatogram in ultraviolet light (254 nm). The test is not valid unless the chromatogram obtained with solution (D) shows two clearly separated spots.

In the chromatogram obtained with solution (A), any spot, other than the principal spot, is not more intense than the principal spot obtained with solution (B) (1.0%) and not more than one spot is more intense than the principal spot obtained with solution (C) (0.75%).

157	Assay	
158	•	Either method A or method B may be applied.
159	A.	Carry out the test as described under <u>1.14.4 High-performance liquid chromatography</u>
160		using a stainless steel column (25 cm × 4.6 mm) packed with octadecylsilyl base-
161		deactivated silica gel for chromatography R (5 µm).
162		As the mobile phase, use a solution prepared as follows: dissolve 1.67 g of monobasic
163		ammonium phosphate R in 1000 mL of water R, mix and filter. Mix 300 mL of this
164		solution with 700 mL of methanol R. Make adjustments if necessary.
165		Prepare the following solutions.
166		Solvent mixture: dilute 1 volume of sulfuric acid R with 99 volumes of methanol R.
167		For solution (1), weigh and powder 20 tablets. Transfer a quantity of the powdered
168		tablets containing about 100.0 mg of Albendazole, accurately weighed, to a 50 mL
169		volumetric flask. Add 5 mL of the solvent mixture and 20 mL of methanol R and shake
170		for about 15 minutes. Dilute to volume with methanol R, mix and filter, discarding the
171		first 15 mL of the filtrate. Dilute 5.0 mL of this solution to 50.0 mL with methanol R.
172		For solution (2), transfer 25.0 mg of Albendazole RS to a 25 mL volumetric flask, add
173		5 mL of the solvent mixture and 15 mL of methanol R and shake to dissolve. Dilute to
174		volume with methanol R. For solution (3), dilute 2.0 mL of solution (2) to 10.0 mL
175		with methanol R. For solution (4), dissolve about 20 mg of oxibendazole R in 5 mL of
176		solvent mixture in a 100 mL volumetric flask, add 20 mL of solution (2), mix and dilute
177		to volume with methanol R.
178		Operate with a flow rate of 0.7 mL per minute. As a detector, use an ultraviolet
179		spectrophotometer set at a wavelength of 254 nm.
180		Inject separately 20 $\mu$ L each of solutions (1), (3) and (4). The test is not valid unless,
181		in the chromatogram obtained with solution (4), the resolution factor between the peaks
182		due to albendazole and due to oxibendazole is at least 3.0.

В.

Measure the areas of the peak responses obtained in the chromatograms from solutions (1) and (3) and calculate the content of Albendazole ( $C_{12}H_{15}N_3O_2S$ ) in the tablets using the declared content of  $C_{12}H_{15}N_3O_2S$  in albendazole RS.

Weigh and powder 20 tablets. Transfer a quantity of the powdered tablets containing about 20.0 mg of Albendazole, accurately weighed, to a 50 mL volumetric flask, add 30 mL of hydrochloric acid/methanol (0.01 mol/L) VS, shake for 15 minutes and dilute to volume with the same solvent. Mix and filter, discarding the first 10 mL of the filtrate. Transfer 1.0 mL of the subsequent filtrate to a 50 mL volumetric flask and dilute to volume with sodium hydroxide (0.1 mol/L) VS. Measure the absorbance of the resulting solution at the maximum at about 308 nm, using sodium hydroxide (0.1 mol/L) VS as the blank. Calculate the content of Albendazole ( $C_{12}H_{15}N_3O_2S$ ), using the absorptivity value of 74.2 ( $A_{1\ cm}^{1\%}=742$ ).