

Demo

Manual

Accompanying the GPHF-Minilab™

Review and Extension 2020
- Completely revised and updated
- Combines and replaces all former issues
- First time covering 100 active agents

Physical Testing & Thin-Layer Chromatography



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The Promoting the Quality of Medicines (PQM) program, funded by the U.S. Agency for International Development (USAID), is implemented by the U. S. Pharmacopeial Convention (USP).

Minilab Test Protocols Sorted by Therapeutic Classes*

New test protocols highlighted in yellow

Transmissible Diseases

Antibacterials

Amoxicillin
Ampicillin
Azithromycin
Benzathine benzylpenicillin
Benzylpenicillin
Cefalexin
Cefazolin
Cefixime
Cefotaxime
Cefpodoxime
Ceftriaxone
Cefuroxime
Chloramphenicol
Chlorhexidine
Ciprofloxacin
Clarithromycin
Clavulanic acid
Clindamycin
Cloxacillin
Doxycycline
Erythromycin
Gentamicin
Levofloxacin
Metronidazole
Moxifloxacin
Ofloxacin
Phenoxyethylpenicillin
Procaine benzylpenicillin
Sulfamethoxazole/Trimethoprim
Tetracycline

Antimycobacterials

Amikacin
Capreomycin
Cycloserine
Dapsone
Ethambutol
Ethionamide
Isoniazid
Kanamycin
Levofloxacin
Moxifloxacin
Ofloxacin
P-Aminosalicylic acid
Protionamide
Pyrazinamide
Rifampicin
Streptomycin

Antimalarials

Amodiaquine
Artemether
Artesunate
Atovaquone
Chloroquine
Dihydroartemisinin
Doxycycline
Halofantrine
Lumefantrine
Mefloquine
Piperaquine
Primaquine
Proguanil
Pyrimethamine
Pyronaridine
Quinine
Sulfadoxine
Sulfamethoxy-pyrazine

Anti(retro)virals

Aciclovir
Didanosine
Efavirenz
Indinavir
Lamivudine
Nevirapine
Oseltamivir
Ritonavir
Stavudine
Zidovudine

Anthelmintics

Albendazole
Mebendazole
Praziquantel

Antifungals

Fluconazole
Griseofulvin

Non-Transmissible Diseases

Analgesics

Acetylsalicylic acid
Diclofenac
Mefenamic acid
Naproxen
Paracetamol

Antiallergics

Cetirizine
Chlorphenamine
Prednisolone

Antiasthmatics

Aminophylline
Salbutamol

Cardiovasculars

Amlodipine
Atenolol
Bisoprolol
Captopril
Furosemide
Hydrochlorothiazide
Lisinopril
Nifedipine
Simvastatin

Endocrines

Clomifene
Glibenclamide
Metformin

Gastrointestinals

Metoclopramide
Omeprazole
Ranitidine

*Usual fixed-dose combinations are included. For full detail on this, see alphabetical order in the table of contents.

Table of Contents

New test protocols highlighted in yellow

1	Introduction	14
2	Health & Safety	18
3	Visual Inspection	19
4	Weight Verification.....	22
5	Disintegration Test	23
6	Thin-Layer Chromatography (TLC).....	24
6.1	General TLC set-up	24
6.2	Mobile phase.....	25
6.3	Stationary phase.....	26
6.4	Sample collection	26
6.5	Sample preparation	27
6.6	Sample application	31
6.7	Chromatoplate development.....	33
6.8	Sample detection	34
6.9	Chromatoplate reading.....	37
6.10	Relative retention factor.....	38
6.11	Cleaning and disposal	39
6.12	Minilab reassembly	39
7	Single TLC Test Protocols*	41
7.1	Acetylsalicylic acid incl. paracetamol and caffeine co-formulations	42
7.2	Aciclovir.....	46
7.3	Albendazole	50
7.4	Amikacin sulphate in solution and powder for injection.....	54
7.5	Aminophylline (theophylline ethylenediamine complex).....	58
7.6	Amlodipine besylate/mesylate incl. co-formulations with hydrochlorothiazide, atenolol, perindopril et al.	62
7.7	Amodiaquine hydrochloride incl. artesunate co-formulations.....	66
7.8	Amoxicillin trihydrate in tablets, capsules and dry syrups incl. clavulanic acid co-formulations	70
7.9	Ampicillin trihydrate in tablets and capsules	74
7.10A	Artemether in lumefantrine dispersible/traditional tablets and dry syrups.....	78
7.10B	Artemether single drug in oily injection fluids	82
7.11	Artesunate for oral and parenteral use incl. co-formulations with amodiaquine, mefloquine, sulfadoxine/pyrimethamine et al.	86
7.12	Atenolol incl. amlodipine, nifedipine and hydrochlorothiazide co-formulations.....	90
7.13	Atovaquone in proguanil co-formulations.....	94
7.14	Azithromycin	98
7.15	Benzathine benzylpenicillin in powder for injection.....	102
7.16	Benzylpenicillin sodium/potassium in powder for injection	106
7.17	Bisoprolol fumarate incl. hydrochlorothiazide co-formulations	110
7.18	Capreomycin sulphate in powder for injection.....	114
7.19	Captopril incl. hydrochlorothiazide co-formulations	118
7.20	Cefalexin monohydrate.....	122

* Non-modified, instant soluble tablets and capsules containing the active pharmaceutical ingredient per free base as single agent are forming the baseline for each test protocol by default. Any further inclusion of salt forms, pharmaceutical formulations and fixed dose combination products is named separately. In addition, each protocol includes a number of common dosage strengths.

7.21	Cefazolin sodium in powder for injection	126
7.22	Cefixime trihydrate	130
7.23	Cefotaxime sodium in powder for injection incl. sulbactam co-formulations	134
7.24	Cefpodoxime proxetil	138
7.25	Ceftriaxone sodium in powder for injection	142
7.26	Cefuroxime axetil	146
7.27	Cetirizine dihydrochloride	150
7.28	Chloramphenicol	154
7.29	Chlorhexidine digluconate in topical solutions and gels incl. cetrimide co-formulations	158
7.30	Chloroquine phosphate and sulphate	162
7.31	Chlorphenamine maleate	166
7.32	Ciprofloxacin free base and hydrochloride	170
7.33	Clarithromycin	174
7.34	Clavulanic acid as potassium salt in amoxicillin co-formulations	178
7.35	Clindamycin hydrochloride	182
7.36	Clomifene citrate	186
7.37	Cloxacillin sodium monohydrate	190
7.38	Cycloserine	194
7.39	Dapsone	198
7.40	Diclofenac sodium/potassium incl. co-formulations with paracetamol et al.	202
7.41	Didanosine	206
7.42	Dihydroartemisinin incl. piperazine co-formulations	210
7.43	Doxycycline monohydrate and hyclate	214
7.44	Efavirenz incl. lamivudine, tenofovir and emtricitabine co-formulations	218
7.45	Erythromycin stearate	222
7.46	Ethambutol hydrochloride incl. rifampicin, isoniazid and pyrazinamide co-formulations	226
7.47	Ethionamide	230
7.48	Fluconazole	234
7.49	Furosemide	238
7.50	Gentamicin sulphate in solution for injection	242
7.51	Glibenclamide incl. metformin co-formulations	246
7.52	Griseofulvin	250
7.53	Halofantrine hydrochloride	254
7.54	Hydrochlorothiazide incl. atenolol, bisoprolol, captopril and lisinopril co-formulations	258
7.55	Indinavir sulphate	262
7.56	Isoniazid incl. rifampicin, pyrazinamide and ethambutol co-formulations	266
7.57	Kanamycin sulphate in solution and powder for injection	270
7.58	Lamivudine incl. zidovudine, stavudine, nevirapine, efavirenz and tenofovir co-formulations	274
7.59	Levofloxacin hemihydrate	278
7.60	Lisinopril dihydrate incl. hydrochlorothiazide and amlodipine co-formulations	282
7.61	Lumefantrine in artemether dispersible/traditional tablets and dry syrups	286
7.62	Mebendazole	290
7.63	Mefenamic acid	294
7.64	Mefloquine hydrochloride incl. artesunate co-formulations	298
7.65	Metformin hydrochloride incl. glibenclamide co-formulations	302
7.66	Metoclopramide hydrochloride monohydrate	306
7.67	Metronidazole	310
7.68	Moxifloxacin hydrochloride	314
7.69	Naproxen sodium and free base	318
7.70	Nevirapine incl. zidovudine, lamivudine and stavudine co-formulations	322
7.71	Nifedipine incl. slow release formulations and atenolol combinations	326
7.72	Ofloxacin	330
7.73	Omeprazole	334
7.74	Oseltamivir	338
7.75	P-Aminosalicylic acid as sodium salt and free base in modified release granules	342
7.76	Paracetamol incl. co-formulations with acetylsalicylic acid, caffeine, chlorphenamine, codeine, diclofenac et al.	346
7.77	Phenoxymethylpenicillin potassium	350
7.78	Piperazine phosphate in dihydroartemisinin co-formulations	354
7.79	Praziquantel	358
7.80	Prednisolone	362
7.81	Primaquine diphosphate	366
7.82	Procaine benzylpenicillin incl. fortified versions in powder for injection	370

7.83	Proguanil hydrochloride incl. atovaquone co-formulations	374
7.84	Protionamide	378
7.85	Pyrazinamide incl. rifampicin, isoniazid and ethambutol co-formulations	382
7.86	Pyrimethamine incl. sulfonamide and artesunate co-formulations.....	386
7.87	Pyronaridine tetraphosphate incl. artesunate co-formulations	390
7.88	Quinine in most common salt forms for oral and parenteral use	394
7.89	Ranitidine hydrochloride	398
7.90	Rifampicin incl. isoniazid, pyrazinamide and ethambutol co-formulations.....	402
7.91	Ritonavir incl. lopinavir co-formulations.....	406
7.92	Salbutamol sulphate in tablets, capsules and respirator solutions	410
7.93	Simvastatin	414
7.94	Stavudine incl. lamivudine and nevirapine co-formulations.....	418
7.95	Streptomycin sulphate in powder for injection	422
7.96	Sulfadoxine in pyrimethamine and artesunate co-formulations	426
7.97	Sulfamethoxazole incl. trimethoprim co-formulations (cotrimoxazole)	430
7.98	Sulfamethoxypyrazine in pyrimethamine and artesunate co-formulations.....	434
7.99	Tetracycline hydrochloride	438
7.100	Zidovudine incl. lamivudine and nevirapine co-formulations	442
8	List of Minilab Inventory Items	446



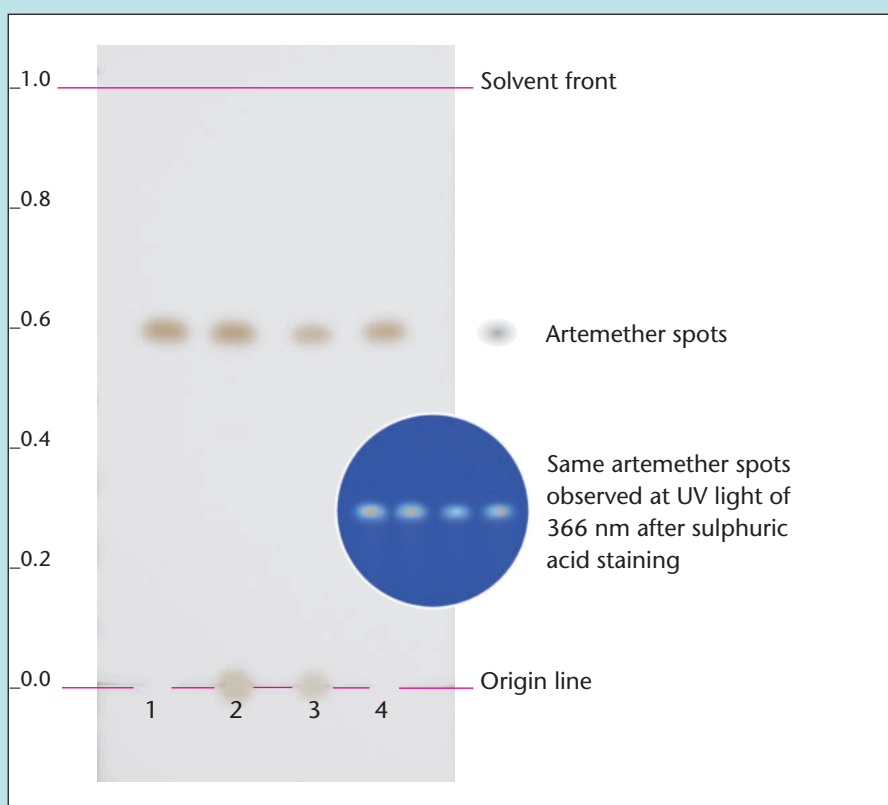
CHROMATOPLATE OBSERVED AT DAYLIGHT AFTER SULPHURIC ACID STAINING

Run No.1:
Upper working standard representing 100% of total artemether

Run No.2:
A product of good quality with acceptable artemether content

Run No.3:
A product of poor quality with unacceptable low artemether content

Run No.4:
Lower working standard representing 80% of total artemether



XI. OBSERVATIONS MADE AT 254 NM BEFORE STAINING

Artemether itself stays almost invisible and no other spots should be detected unless the medicine under investigation is presented as a co-formulated product. In the latter case, a strong violet spot at a travel distance of about 0.20 indicates the presence of lumefantrine and, in case of dry powders for oral suspensions, a second strong spot between a travel distance of 0.40 and 0.50 the presence of a preservative either from the benzoate or paraben family. Saccharin sodium as sweetener in dispersible tablets would settle at about 0.20 but stays below its limit of detection due to strong dilutions during sample preparation. For a better identification of the lumefantrine fraction go to 286 of this manual.

XII. OBSERVATIONS MADE AT DAYLIGHT AFTER SULPHURIC ACID STAINING

A dark brown spot at a travel distance of about 0.58 indicates the presence of artemether in the test solution. Auxiliary agents incorporated in the different tablet and powder formulations may cause further spots near or on the origin line. Beyond this, no other spots should be visible even if artemether is combined with lumefantrine. Additional strong spots generated by the test solution would point at other drugs or artemether degradation, the latter case being more likely when associated with a smaller principal spot. A smaller principal spot from the test solution may also indicate a poor artemether content and no spot at all a complete artemether absence.

XIII. OBSERVATIONS MADE AT 366 NM AFTER SULPHURIC ACID STAINING

When exposing the chromatoplate to UV light of 366 nm after heating with sulphuric acid, all brown artemether spots previously observed at daylight are now showing an off-white fluorescence.

XIV. RESULTS & ACTIONS TO BE TAKEN

The artemether spot in the chromatogram obtained with the test solution must correspond in terms of colour, size, intensity, shape and travel distance to that in the chromatogram obtained with the lower and higher standard solution. This result must be obtained for each method of detection. If this is not achieved, repeat the run from scratch with a second sample. Reject the batch if the drug content cannot be verified in a third run. For a second opinion, refer additional samples to a fully-fledged drug quality control laboratory. Retain some samples and put the batch on quarantine until a final decision on rejection or release has been taken. For documentation purposes, take pictures of all the readings with a digital camera turning off the flash first.

CHROMATOPLATE OBSERVED AT DAYLIGHT AFTER IODINE STAINING

Run No.1:

Upper working standard representing 100% of total clavulanic acid

Run No.2:

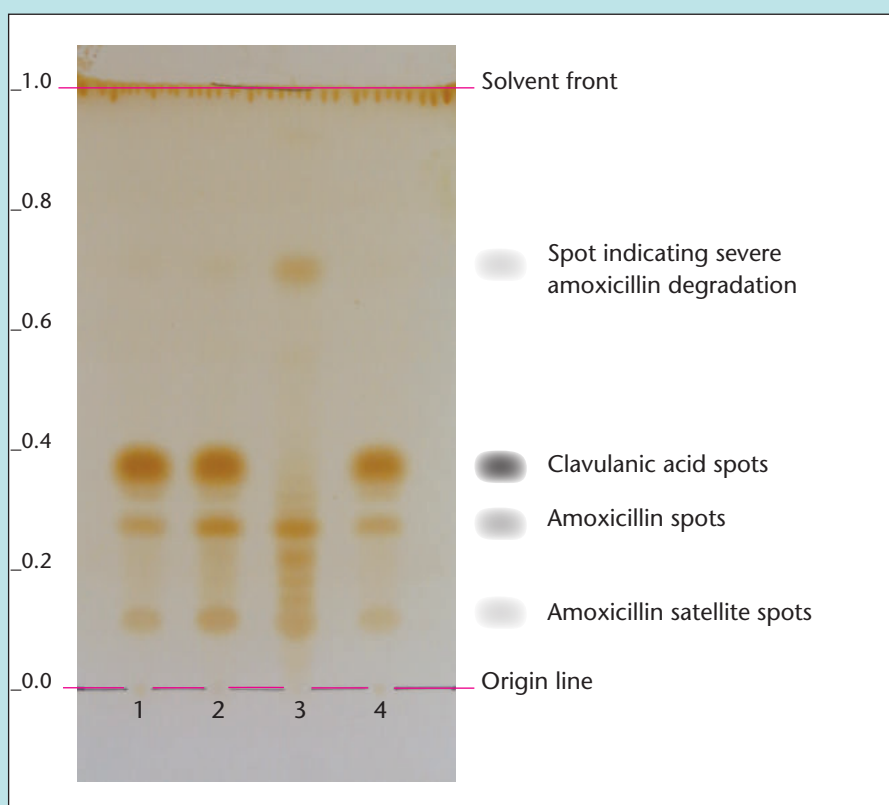
A fixed-dose combination product of good quality with acceptable clavulanic acid content

Run No.3:

A fixed-dose combination product where clavulanic acid is missing and amoxicillin degrading

Run No.4:

Lower working standard representing 80% of total clavulanic acid



XI. OBSERVATIONS MADE AT 254 NM

Clavulanic acid stays invisible and spots at a travel distance of about 0.28 indicate the presence of amoxicillin in the test solution. Additional strong spots generated by the test solution would point at other drugs. For a further verification of amoxicillin identity and content follow the relevant protocol shown in this manual.

XII. OBSERVATIONS MADE AT DAYLIGHT AFTER IODINE STAINING

A strong yellow-brown spot at a travel distance of about 0.38 indicates the presence of clavulanic acid in the test solution. Amoxicillin spots already observed at 254 nm are now turning yellowish brown, too. Additional strong spots generated by the test solution would point at other drugs or some degradation of clavulanic acid or amoxicillin, the latter case being more likely when each time associated with a smaller principal spot. A smaller principal spot from the test solution may also indicate a poor clavulanic acid content and no spot at all a complete absence of clavulanic acid. Still observe the plate when iodine evaporates. Spots reflecting poor quality products will disappear first gradually followed by the reference spots representing a drug content of an 80 and 100 percent, respectively. Auxiliary agents incorporated in different finished products might cause some fainter spots either travelling alongside the solvent front or emerging near or on the origin line.

XIII. RESULTS & ACTIONS TO BE TAKEN

The spot for clavulanic acid in the chromatogram obtained with the test solution must correspond in terms of colour, size, intensity, shape and travel distance to that in the chromatogram obtained with the lower and higher standard solution. This result must be obtained for each method of detection. If this is not achieved, repeat the run from scratch with a second sample. Reject the batch if the drug content cannot be verified in a third run. For a second opinion, refer additional samples to a fully-fledged drug quality control laboratory. Retain samples and put the batch on quarantine until a final decision on rejection or release has been taken. For documentation purposes, take pictures of all the readings with a digital camera turning off the flash first.

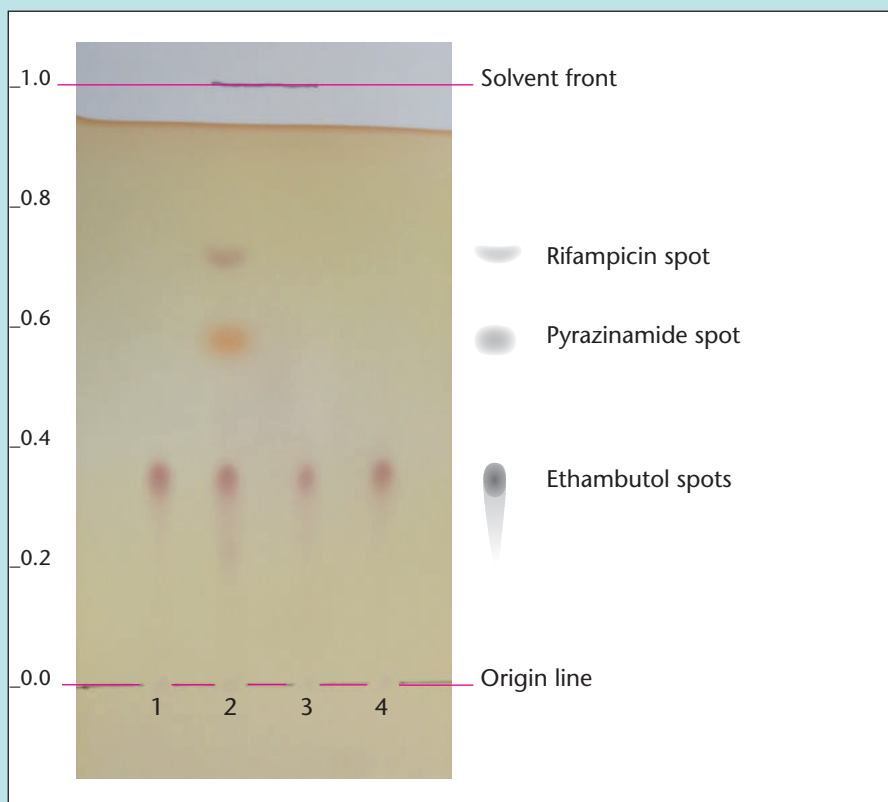
CHROMATOPLATE OBSERVED AT DAYLIGHT AFTER NINHYDRIN STAINING

Run No.1:
Upper working standard representing 100% of total ethambutol

Run No.2:
A fixed-dose combination product of good quality with acceptable ethambutol content

Run No.3:
A single drug product of poor quality with unacceptable low ethambutol content

Run No.4:
Lower working standard representing 80% of total ethambutol



XI. OBSERVATIONS MADE AT 254 NM

Ethambutol stays invisible and no other spots should be detected unless the medicine under investigation is presented as a fixed-dose combination product containing also other antituberculosis compounds. In the latter case, spots made of isoniazid will become visible at a travel distance of about 0.45 and spots made of pyrazinamide at a travel distance of about 0.57. Spots made of rifampicin will be visible at a travel distance of about 0.72 at daylight already. For all of this, consult also the picture shown on page 385.

XII. OBSERVATIONS MADE AT DAYLIGHT AFTER STAINING WITH NINHYDRIN

A red spot at a travel distance of about 0.34 indicates the presence of ethambutol in the test solution. Next to ethambutol, rifampicin and pyrazinamide will become visible, too. Additional strong spots generated by the test solution would point at other drugs or ethambutol degradation, the latter case being more likely when associated with a smaller principal spot. A smaller principal spot from the test solution may also indicate a poor ethambutol content and no spot at all a complete ethambutol absence. Auxiliary agents incorporated in different finished products might cause some fainter spots either travelling alongside the solvent front or emerging near or on the origin line.

XIII. RESULTS & ACTIONS TO BE TAKEN

The ethambutol spot in the chromatogram obtained with the test solution must correspond in terms of colour, size, intensity, shape and travel distance to that in the chromatogram obtained with the lower and higher standard solution. This result must be obtained for each method of detection. If this is not achieved, repeat the run from scratch with a second sample. Reject the batch if the drug content cannot be verified in a third run. For a second opinion, refer additional samples to a fully-fledged drug quality control laboratory. Retain samples and put the batch on quarantine until a final decision on rejection or release has been taken. For documentation purposes, take pictures of all the readings with a digital camera turning off the flash first.

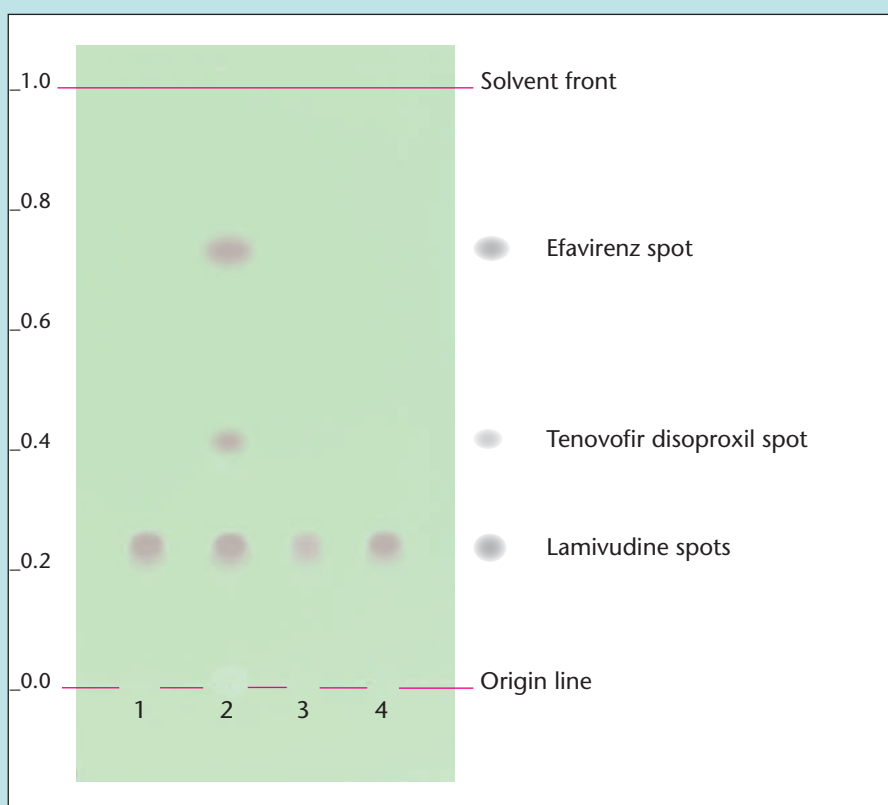
CHROMATOPLATE OBSERVED UNDER
UV LIGHT OF 254 NM

Run No.1:
Upper working standard representing
100% of total lamivudine

Run No.2:
A fixed-dose triple combination product
of good quality with acceptable lamivu-
dine content

Run No.3:
A single drug product of poor quality with
unacceptable low lamivudine content

Run No.4:
Lower working standard representing
80% of total lamivudine



X. DETECTION

Dry off all residual solvent and observe the chromatoplate under UV light of 254 nm using the battery-driven lamp supplied. Use this method of detection for both, identification and quantification purposes.

XI. OBSERVATIONS MADE AT 254 NM

A strong blue-violet spot at a travel distance of about 0.23 indicates the presence of lamivudine in the test solution. If combined with other antiretroviral medicines, a spot with a relative retention factor of about 0.42 would further indicate the presence of tenofovir disoproxil, a spot at about 0.62 the presence of nevirapine or zidovudine and a spot at about 0.72 the presence of efavirenz. Additional strong spots generated by the test solution would point at other drugs or lamivudine degradation, the latter case being more likely when associated with a smaller principal spot. A smaller principal spot could also be due to a poor lamivudine content and no spot at all due to a complete lamivudine absence. Auxiliary agents incorporated in different finished products might cause some fainter spots emerging near or on the origin line.

XII. RESULTS & ACTIONS TO BE TAKEN

The lamivudine spot in the chromatogram obtained with the test solution must correspond in terms of colour, size, intensity, shape and travel distance to that in the chromatogram obtained with the lower and higher standard solution. This result must be obtained for each method of detection. If this is not achieved, repeat the run from scratch with a second sample. Reject the batch if the drug content cannot be verified in a third run. For a second opinion, refer additional samples to a fully-fledged drug quality control laboratory. Retain samples and put the batch on quarantine until a final decision on rejection or release has been taken. For documentation purposes, take a picture of the reading with a digital camera turning off the flash first.

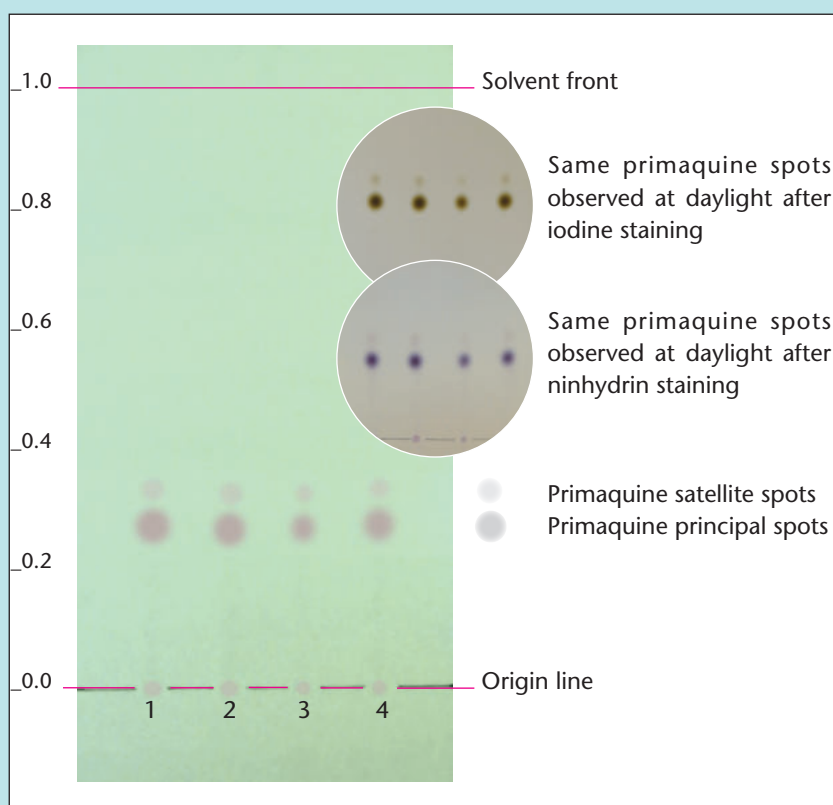
CHROMATOPLATE OBSERVED UNDER
UV LIGHT OF 254 NM

Run No.1:
Upper working standard representing
100% of total primaquine

Run No.2:
A product of good quality with acceptable
praziquantel content

Run No.3:
A product of poor quality with unaccept-
able low primaquine content

Run No.4:
Lower working standard representing
80% of total primaquine



XI. OBSERVATIONS MADE AT 254 NM

A strong blue-violet spot at a travel distance of about 0.27 combined with a smaller satellite spot just above the principal spot indicates the presence of primaquine in the test solution. Additional strong spots generated by the test solution would point at other drugs or even primaquine degradation, the latter case being more likely when associated with a smaller principal spot. A smaller principal spot from the test solution may also indicate a poor primaquine content and no spot at all a complete primaquine absence.

XII. OBSERVATIONS MADE AT DAY-
LIGHT AFTER IODINE STAINING

When exposing the chromatoplate to iodine vapour, all spots already observed at 254 nm are now turning greenish black. Primaquine performs strong here and the colour stays stable. Auxiliary agents incorporated in different finished products might cause some fainter spots either travelling alongside the solvent front or emerging near or on the origin line.

XIII. OBSERVATIONS MADE AT DAY-
LIGHT AFTER NINHYDRIN
STAINING

When exposing a second chromatoplate to ninhydrin and heat, then all primaquine spots previously observed at UV light of 254 nm are now turning lilac. This will facilitate further assay reading and interpretation.

XIV. RESULTS & ACTIONS TO BE TAKEN

The primaquine spot in the chromatogram obtained with the test solution must correspond in terms of colour, size, intensity, shape and travel distance to that in the chromatogram obtained with the lower and higher standard solution. This result must be obtained for each method of detection. If this is not achieved, repeat the run from scratch with a second sample. Reject the batch if the drug content cannot be verified in a third run. For a second opinion, refer additional samples to a fully-fledged drug quality control laboratory. Retain samples and put the batch on quarantine until a final decision on rejection or release has been taken. For documentation purposes, take pictures of all the readings with a digital camera turning off the flash first.

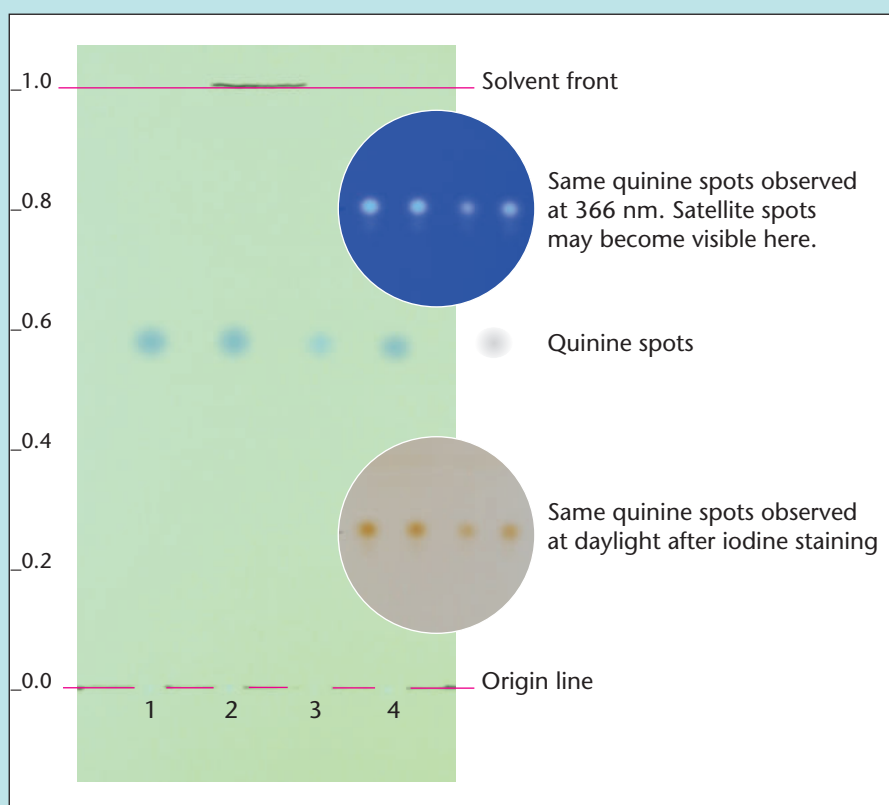
CHROMATOPLATE OBSERVED UNDER
UV LIGHT OF 254 NM

Run No.1:
Upper working standard representing
100% of total quinine

Run No.2:
A product of good quality with acceptable
quinine content

Run No.3:
A product of poor quality with unaccept-
able low quinine content

Run No.4:
Lower working standard representing
80% of total quinine



XI. OBSERVATIONS MADE AT 254 NM

A strong blue spot at a travel distance of about 0.59 indicates the presence of quinine in the test solution. Additional strong spots generated by the test solution would point at other drugs or quinine degradation, the latter case being more likely when associated with a smaller principal spot. A smaller principal spot from the test solution may also indicate a poor quinine content and no spot at all a complete quinine absence. Auxiliary agents incorporated in different finished products might cause some fainter spots either travelling alongside the solvent front or emerging near or on the origin line.

XII. OBSERVATIONS MADE AT 366 NM

On exposure to 366 nm in a dark room, the blue fluorescence observed for the quinine spots at 254 nm will now turn into an intense white fluorescence. In addition, under ideal detection conditions, a minor satellite spot probably arising from dihydroquinine will now become visible just below each quinine spot. The latter observation will further emphasise the existence of quinine in the test solution.

XIII. OBSERVATIONS MADE AT DAY-
LIGHT AFTER IODINE STAINING

When exposing the chromatoplate to iodine vapour, all quinine spots already observed at 254 and 366 nm are now turning orange-brown. Still observe the plate when iodine evaporates. Spots reflecting poor quality products will disappear first gradually followed by the reference spots representing a drug content of an 80 and 100 percent, respectively.

XIV. RESULTS & ACTIONS TO BE TAKEN

The quinine spot in the chromatogram obtained with the test solution must correspond in terms of colour, size, intensity, shape and travel distance to that in the chromatogram obtained with the lower and higher standard solution. This result must be obtained for each method of detection. If this is not achieved, repeat the run from scratch with a second sample. Reject the batch if the drug content cannot be verified in a third run. For a second opinion, refer additional samples to a fully-fledged drug quality control laboratory. Retain samples and put the batch on quarantine until a final decision on rejection or release has been taken. For documentation purposes, take pictures of the readings with a digital camera turning off the flash first.

- Detecting falsified and substandard medicines in low and middle-income countries
- Protecting consumers and medicines supply chains
- Boosting medicines testing capacities for priority medicines
- Assisting in post-marketing medicines quality monitoring
- Complementing the work of existing medicines control laboratories

The GPHF-Minilab™ is a unique miniature laboratory which comes with affordable test methods for a rapid and easy detection of falsified and substandard medicines as entry-level technology for resource limited health settings in low- and middle-income countries.

In more than twenty years of project work, the GPHF-Minilab™ has proven its suitability in nearly 100 countries.

A comprehensive review of the Minilab's general methods and operations and its test protocols drawn from the main manuals issued 1998 and 2008 and their many extensions issued each year until 2018.

Topped with test protocols for more active pharmaceutical ingredients usually found in priority medicines for transmissible and non-transmissible diseases, this new manual now provides first time test methods for 100 active agents to rapidly verify drug quality for a plethora of finished pharmaceutical products.



Global Pharma Health Fund
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