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Contents

WHO Expert Committee on Specifications for Pharmaceutical Preparations

Geneva, 30 November – 4 December 1992

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1. Introduction

The WHO Expert Committee on Specifications for Pharmaceutical Preparations met in Geneva from 30 November to 4 December 1992. The meeting was opened on behalf of the Director-General by Dr J.F. Dunne, Director, Division of Drug Management and Policies, who drew attention to some of the major aspects of the Expert Committee's work over the previous 10 years. In so doing, he suggested that the overall objective of this work was to provide a solid foundation on which all interested Member States could build a comprehensive approach to quality assurance of pharmaceutical products. Since the previous meeting of the Committee, important changes had occurred in the world, especially in Europe. New independent states had emerged and many had joined the Organization. Dr Dunne asked the Expert Committee to bear the needs of these Member States in mind during its discussions and in recommending future action.

In May 1992, the World Health Assembly adopted resolution WHA 45.28, which requested the Director-General, *inter alia*, "to further the international harmonization of drug regulatory regimes". Dr Dunne suggested that the aim should be to build on the results of current initiatives involving the countries of the European Communities, Japan and the United States of America to the advantage of the broader constituency of WHO's Member States. He informed the Expert Committee that the administrative structure of the Division of Drug Management and Policies had been modified so as to make it better able to meet the challenges of the times. He was confident that it could provide the help needed by countries in establishing and maintaining appropriate drug regulatory systems.

2. *The international pharmacopoeia* and related activities

2.1. Quality specifications for drug substances and dosage forms

The Committee was pleased to note that publication of Volume 4 of *The international pharmacopoeia*, containing additional monographs on pharmaceutical substances, excipients and dosage forms together with supporting test methods and general requirements, was expected in 1993.

The Committee considered, and recommended for inclusion in a future publication, monographs on ophthalmic drops and ointments and on suppositories, and test methods for the disintegration of suppositories and for the sterility of non-injectable preparations. It noted the progress made jointly with experts from the European Pharmacopoeia Commission on developing a test for visible particulate matter in injectable preparations.

The Committee confirmed that the requirements of *The international pharmacopoeia* should continue to be based on reliable methods widely available in small control laboratories. Such a policy is consistent with the

unique role of *The international pharmacopoeia*. However, in some circumstances, the provision of more complex methods as alternatives might be considered.

It was suggested that it would be helpful for WHO to obtain information about users of *The international pharmacopoeia* in order to ascertain more precisely by whom and for what purposes it is currently used.

2.2 Dissolution test for solid oral dosage forms: paddle method

It was agreed that, since the paddle method had been recommended for inclusion in *The international pharmacopoeia* (*2*), it would be helpful to supplement the description of the method (which has been harmonized with that already published in other pharmacopoeias) with additional information, especially on validation. Consultation on a draft text incorporating such information was recommended before finalization for publication in *The international pharmacopoeia*. Inclusion of other methods might be considered in the future if needed for a particular application.

Meanwhile, publication of the paddle method would permit establishment of dissolution requirements for those preparations included in the WHO Model List of Essential Drugs (*1*) that had been singled out previously (*2*) as being of particularly high priority since they were widely considered to present bioavailability problems.[1] It was agreed that the test conditions and the criteria for the acceptance of these preparations would be specified in the relevant monographs. The conditions and criteria would initially be based on existing pharmacopoeial specifications.

2.3 Therapeutic equivalence of multisource products

While the inclusion of dissolution requirements in *The international pharmacopoeia* was considered to be an important step forward, it was recognized that an *in vitro* dissolution test was only one stage in the procedure for ensuring that multisource products were therapeutically equivalent. Information on the interchangeability of conventional-release solid dosage forms from a wide range of sources, all containing the same quantity of the same active ingredient, was essential for those responsible for approving the registration of products.

It was recognized that existing national regulatory requirements varied with respect to multisource products and that a need therefore existed for global guidelines. It was suggested that WHO, among other appropriate activities, might:

– undertake a survey of national legislation and practices with regard to registration requirements, and the prescribing and dispensing in retail pharmacies of multisource products;