



Timely Accurate Diagonostics for a TB-Free Africa

# Training on *Mycobacterium tuberculosis*drug susceptibility testing (first and second line LJ DST)

Module 6: Preparation of LJ DST drug stock solutions

(First and second line drugs)

Venue:

Presenter:

Date:

# **Introduction and Objective**

### Introduction

•This module describes the processes involved in the preparation of LJ DST drug stock solutions and their subsequent management.

### Objective

- •At the end of the module, participants are expected to;
  - Be able to prepare drug stock solutions to be used in the routine LJ DST technique
  - Carry out QC for the prepared drug stock solutions





### **Module Outline**

- Introduction on drug preparation
- WHO recommended drugs to be used for routine LJ DST technique
- Materials required for LJ DST drug preparation.
- Drug potency and purity
- Methodology of preparing drugs
- QC for the prepared drug stock solutions





### Introduction on drug preparation

- All drugs tested for routine DST in the laboratory should be those listed in the WHO guidelines for the management of tuberculosis.
- Drugs used for susceptibility testing should never be from medicine used for treatment but only pure compounds from reputable manufacturers.





# Introduction to drug preparation

- Drug stock solutions keep better when more concentrated, For any drug, a stock solution of 100mg in 10 ml should be prepared to make stock concentration of 10mg/ml.
- This should be done taking into consideration the potency of the individual drugs.





## WHO RECOMMENDED **ANTI-TB DRUGS**

- FIRST LINE DRUGS;
  - Rifampicin
  - Pyrazinamide
  - Isoniazid
  - Ethambutol





	2 <sup>nd</sup> Line MDR TB regimen (2018)
GROUP A	Levofloxacin Moxifloxacin Bedaquiline Linezolid
GROUP B	Cyclocerine Clofazimine Terizidone Terizidone
GROUP C	Ethambutol Delamanid Amikacin (Streptomycin) Imipenem-cilastatin Meropenem Ethionamide Prothionamide Para-aminosalicylic acid





## **Materials/Equipment**

- Balance sensitive to +/- 0.001
- Cryovials
- Diluents (0.4% NAOH, distilled water, pure methanol, dimethyl sulfoxide/DMSO
- Automatic pipette
- Spatula
- 28 mls universal bottles
- Freezer
- fridge





# Materials/Equipment

- Pipette tips
- Complete 1st and 2nd line drug sets: Isoniazid, rifampicin, ethambutol Moxifloxacin, Levofloxacin, Amikacin





### **Potency/Purity**

- Drugs are purchased as powders that vary in activity from lot to lot
- The activity of a specific drug lot is listed as potency or purity on the Certificate of Analysis (C of A) supplied by the vendor
- Drugs at or near 100% potency may be weighed out without adjustment (it can be assumed that 10 mg powder = 10 mg active drug)





# **Drug Certificate of Analysis**

# Certificate of Analysis

Ofloxacin

82419-36-1 C<sub>18</sub>H<sub>20</sub>FN<sub>3</sub>O<sub>4</sub>

O8757 SIGMA

361.37

SIGMA-ALDRICH"

Product Name
Product Number
Product Brand
CAS Number
Molecular Formula
Molecular Weight

#### TEST

Appearance (Form) Solubility (Color) Solubility (Turbidity)

Proton NMR spectrum

Carbon
Nitrogen
Purity (HPLC)

Recommended Retest Period

Specification Date:
Date of QC Release:
Recommended Retest Date:
Print Date:

#### SPECIFICATION

Powder
Faint Yellow to Yellow-Green
Clear to Slightly Hazy
50 mg/mL, 1 N NaOH
Conforms to Structure
59.0 - 60.6 %
11.3 - 11.9 %
≥99 %

3 years

#### LOT 040M1313V RESULTS

Powder Yellow-Green Clear

Conforms 59.9 % 11.7 % 100 %

MAY 2010 MAY 2010 APR 2013 MAY 17 2010



Robny Buelock



### **Potency/Purity**

- Potencies may not be close to 100% because:
  - There are other materials in the powder, such as impurities, preservatives or solubilizes
  - · Potency standards may be decades old and drug manufacturing processes have changed since the standards were established





# **Potency/Purity**

 If the potency of a given drug is below 75%, it is advisable to adjust the amount of grams to be weighed in order to cater for the impurities

Adjusted drug weight = Desired amount of drug

drug

Potency of the





### **Exercise**

**EXERCISE** (5minutes)

The potency of Ethambutol dihydrochloride is 74.5%, How many grams of ethambutol dihydrochloride would you weigh to prepare 10ml of a 1% drug solution?





# **Drug preparation method**

- Record on the LJ DST drug preparation log/work sheet.
- Store all the prepared drugs at -20 for 6 months.





### **Procedure**

- Allow the drugs to warm to room temperature.
- Weigh the adjusted amount of grams of each individual drug into sterile properly labelled universal bottles.
- Dissolve in 10ml of the respective drug diluent to give a concentration of 10000ug/ml. Mix well and transfer 1.5ml of the individual drugs into the labelled sterile storage cryovials.

# QC FOR prepared drug solutions

- Use certified control strains such as H37Rv (ATCC 27294) with already known results to control the LJ DST media prepared using the drug solutions.
- Document on the QC log.

### NB;

All drugs in the lab should be stored at correct temperatures as per manufacturers recommendations.

Already thawed drug solutions should always be discarded after using them





### **ASSESMENT**

- List some of the WHO recommended drugs for LJ DST setting
- List some of the materials required for LJ DST drug susceptibility testing?
- Why do we adjust potencies for some drugs?
- For how long and at what temperature do you store LJ DST drug stock solutions?
- How do you quality control LJ DST drug stock solution?





### **Summary**

- All drugs to be tested in any laboratory LJ DST programme should be those recommended by WHO and used in the routine treatment management in that country.
- Drugs that have a potency below 75%, the measured weight has to be adjusted to cater for the impurities such as impurities, solubilizers and preservatives.
- Quality control using standard control strains has to be done on LJ DST drug containing media before such media is used to run routine patient samples.

### Summary

- Always store the prepared LJ DST drug powders according to manufacturers specifications.
- Stored drug stock solutions that are already thawed should always be discarded and not stored for future use,





### References

- GLI TB training package http://www.stoptb.org/wg/gli/trainingpackages.asp
- First and Second Line drugs and Drug Resistance

http://dx.doi.org/10.5772/54960





# **Acknowledgments**



















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