



Spectroscopic Determination and *In vitro* Bioequivalence Studies of Different Amoxicillin Capsule Brands

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Amoxicillin is an aminopenicillin antibiotic, used in the treatment of several infections resulting from susceptible Gram-positive and Gram-negative, such as pneumonia, acute otitis media, acne vulgaris, bacterial endocarditis, streptococcal pharyngitis, urinary tract, *Lyme borreliosis*, *Salmonella*, *Helicobacter pylori*, chlamydia, and odontogenic infections. The study aimed to determine the *in-vitro* bioequivalence of amoxicillin capsules from various brands using physicochemical and spectroscopic parameters. Weight uniformity, friability, disintegration, dissolving tests, and UV spectroscopy were used to determine the *in-vitro* bioequivalence of different brands of amoxicillin capsules. The weight variation for all the capsules showed compliance with the USP specifications ($\leq 10\%$ weight deviation). All brands complied with the USP/BP specification for the disintegration test, as disintegration time ranged from 7 to 12 minutes.

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The dissolution profile of the innovator and the generic brands showed a percentage release from 80.81 – 89.11% within 30 minutes. The first-order kinetics, $t_{1/2}$ and k of amoxicillin released ranged from 16.01 – 27.11 min and $2.56 – 4.33 \times 10^{-2} \text{ min}^{-1}$ respectively. A straight-line graph was obtained as a calibration curve of amoxicillin. UV absorption spectrum showed four distinctive peaks at 240, 275, 320, and 360 nm, with the maximum at 240 nm, while the percentage content of amoxicillin ranged from 90.58 ± 1.38 to $98.74 \pm 0.97\%$. This result complied with the BP and USP specifications. Hence, there was a strong correlation between the release rate constant, k , and time since values were ≥ 0.8087 compared with the innovator and other brands.

Keywords: Physicochemical; bioequivalence; antibiotics; amoxicillin; spectroscopy; capsules.

1. INTRODUCTION

β -lactam antibiotics including Amoxicillin (an oral semi-synthetic agent) are active compounds used in the treatment of bacterial infections following susceptible microorganism infections. Amoxicillin is widely accessible in capsules and has bioavailability issues due to the absorption process [1]. Amoxicillin, with a molecular formulae $\text{C}_{16}\text{H}_{19}\text{N}_3\text{O}_5\text{S}\cdot 3\text{H}_2\text{O}$, is known chemically as (2S,5,R,6,R)-6-[(1R)-(-)-2-amino-2-(p-hydroxyphenyl)acetamido]-3,3-dimethyl-7-oxo-4-thia-1-azabicyclo [3.2.0] heptane-2-carboxylic acid trihydrate (Fig. 1) [2].

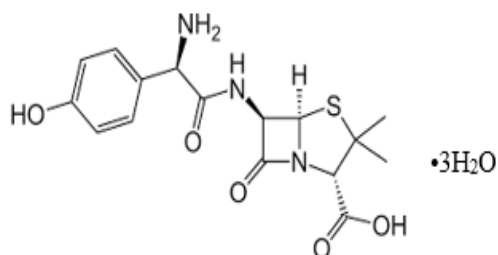


Fig. 1. Structure of Amoxicillin trihydrate

Some previous studies on humans found no significant food impact on the pharmacokinetic parameters of amoxicillin, especially absorption [3], whereas others found a substantial food effect with a 50% reduction in peak plasma levels in non-fasted individuals [4]. An energy-dependent efflux pathway was proposed as evidence for a putative dietary effect on amoxicillin absorption [5]. A thorough investigation of Amoxicillin utilizing healthy volunteers after intravenous, oral, and intramuscular injections of 250, 500, and 1000mg doses revealed changes in pharmacokinetic characteristics. The AUC for IV absorption was 93%, with an 86% urine recovery. Oral and intramuscular treatment produced complete and

consistent absorptions, with maximum drug concentrations, AUCs, and urine recoveries comparable to oral dosing [6]. The kinetics of both IM and oral treatment showed dose-related absorption (absorption rate constant at 1.3/h for 250 mg and 0.7/h for 1,000 mg). This resulted in significantly later and lesser peak serum levels as dosages increased. Total absorption, on the other hand, had no dosage dependence, as seen by urine recovery and an AUC change of less than 10% [6].

Bioequivalence is regarded as the absence of significant differences in the degree and rate to which the active ingredient or active portion in pharmaceutical alternatives or pharmaceutical substitutes becomes available at the site of therapeutic effect if administered at the same molar dose under similar circumstances in a well-designed study [7,8]. Over the decades, several *in vitro* methods have been employed to qualitatively quantify and compare the amount of substance present in pharmaceutical products and their suitability to serve as effective alternatives in place of the actual innovator brands [9,10]. Many frequently used techniques are the physicochemical [11], chromatographic [12], electrochemical [13], and spectroscopic [14,15], methods of analysis respectively. Chromatographic techniques are not only useful in *in-vitro* bioequivalence studies but are very useful methods in the quantification of active pharmaceutical metabolites from biological fluids [16,17].

The World Health Organization (WHO) has pushed the use of generic brands to reduce the cost of medicines [18]. Generic substitution may be considered when a generic version of an innovator brand comprises the same active component in the same dosage form and route of administration. However, the occurrence of generic items that are incompatible with the innovator's product and/or each other has been documented [1]. Antimicrobial resistance and

antibiotic drug efficacy can be linked to using generic drugs with subtherapeutic doses or inadequate in vivo drug release [19]. As a result, the study aimed to determine the *in vitro* bioequivalence analysis of amoxicillin capsules from various brands using spectroscopic techniques, as it has been established that independent investigations such as the present one serve as a significant instrument for revealing potential inferior or non-compliant products that could eventually find an entry into the pharmaceutical market.

2. MATERIALS AND METHODS

2.1 Materials

2.2.1 Reagent and equipment

All the chemicals used were of analytical grade. Pure Amoxicillin trihydrate powder (99.68% secondary standard, was donated by Primex Nigeria Ltd., Ikeja, Lagos. Hydrochloric acid (37%) manufactured by Riedel-DeHaan Sigma-Aldris Chemical Germany. All reagents were prepared using distilled water. Spectrumlab 752pro UV-VIS spectrophotometer, analytical weighing balance, disintegration chamber, dissolution tester. Four brands of Amoxicillin coded - A1, A2, A3, and A4 were purchased from KETO DEVINE Pharmacy, Amassoma, Bayelsa state, Nigeria. Brands A1, A2, and A3 are generics, while A4 was the innovator.

2.2 Methods

2.2.1 Determination of weight uniformity

Twenty capsules from each of the four brands of amoxicillin were randomly weighed individually using an analytical balance (Ohaus Adventure, USA), and weight values were recorded. The average weights and deviations were also calculated.

2.2.2 Disintegration test

Six capsules from each brand were placed in separate chambers in a freshly prepared 0.1 M HCl medium at 37°C using a Disintegration Apparatus (VSI-19 Model). The disintegration time was taken to be the time no particle remained on the basket of the apparatus.

2.2.3 Determination of maximum wavelength for amoxicillin

To 50 mg equivalent of amoxicillin standard in a 50 mL volumetric flask, 25 mL 0.1M HCl solution

was added to dissolve the powder, shaken gently, and made to mark with the 0.1 M HCl to give a concentration of 1000 µg/mL (Stock solution). An aliquot of 0.1 ml of this solution was then transferred to a 10 ml volumetric flask and made to 50 mL with the same 0.1M HCl to obtain a concentration of 10 µg/mL. This was then scanned in the UV region, 200-380 nm. A five-point calibration curve of concentrations: 1, 2, 4, 8, and 16 µg/mL was prepared from the stock solution of 1000 µg/mL. The absorbance of these concentrations was measured at the wavelength of 240 nm (being the λ_{max} for amoxicillin in this study). Values obtained were used to plot a calibration curve. The calibration curve of amoxicillin is a straight-line graph; $Y=0.0143x + 0.0149$; $R=0.9962$

2.2.4 General procedure for application of the method to pharmaceutical preparations

An equivalent of 50 mg amoxicillin in capsules was transferred into a 100 mL volumetric flask. This was dissolved with 50 mL of 0.1M Hydrochloric acid, shaken gently, and made to mark (solution A). Aliquots of 0.1, 0.2, and 0.3 mL were then transferred into separate 10 ml volumetric flasks and diluted to mark with 0.1M HCl acid (representing 5, 10, and 15 µg/mL). The absorbance of these solutions was obtained at 240 nm. This procedure was repeated twice and the amount of drug in capsules was calculated from the calibration curve.

2.2.5 Dissolution test and drug release

The dissolution test was carried out following the BP method using the USP apparatus 1 (Basket method) in 6 replicates for each brand [20]. The dissolution medium was 900ml 0.1M HCl which was kept at 37 ± 0.5 °C, 5 mL of dissolution sample was withdrawn at intervals of 0, 5, 10, 15, 30, 45, and 60 minutes and replaced with equal volume to maintain sink condition. Sample aliquots were filtered, and diluted with the dissolution medium and the absorbance was measured by spectrophotometry at 240 nm. The concentration of analyte in each aliquot was determined from the calibration curve for amoxicillin.

2.2.6 Bioequivalence and similarity of generics to innovator brand

The US FDA performance verification test requirements [21], for comparison of dissolution profile between innovator and generic drugs, was employed in conjunction with the USP and BP stipulated limit of not less than 80% of the drug

released within 30 minutes. Comparative performance was assessed using graphical and first-order methods.

2.2.7 Data analysis

The weight uniformity was analyzed using simple statistics, while dissolution profiles of the generics and innovator were done graphically and by kinetics to determine drug release variables – release rate constant k , half-life ($t_{1/2}$), correlation coefficient (R^2), etc., using Microsoft Excel, 2016.

3. RESULTS AND DISCUSSION

3.1 Weight Uniformity

Weight variation is an indicator of good manufacturing practices (GMP) used in conjunction with the amount of active pharmaceutical ingredient (API) present in the formulation by manufacturers [22]. There is no significant deviation from the stipulated limit of deviation is $\pm 10\%$ for capsules, values ranged from 0.15 – 3.55 percentage deviation. The highest value was obtained in the A3 brand. The weight variation for all the capsules showed compliance with the USP stipulated specifications ($\leq 10\%$ weight deviation) [23].

3.2 Disintegration Time

All brands of amoxicillin complied with the USP/BP specification for the disintegration test [23,24], as disintegration time ranged from 7 to 12 minutes. The disintegration study of the solid dosage form is important for the evaluation of drug release and could be used as an indicator to ascertain the lack of batch uniformity and inconsistency in solid dose formulations [25].

3.3 Determination of Maximum Absorption Wavelength

The UV absorption spectrum for amoxicillin gave four distinctive peaks at 240, 275, 320, and 360 nm were observed, with the maximum at 240 nm (Fig. 2).

3.4 Quantification of Amoxicillin in Capsules

The percentage content of amoxicillin ranged from 90.58 ± 1.38 to 98.74 ± 0.97 (Table 1). All brands except A1 were found satisfactory to the BP specification which ranges from 95 to 105%. [20], while all brands met the USP stipulated standard of content, which should not be less than 90 and not more than 110 %, respectively

[23]. The innovator brand A4 was found to contain 98.74 ± 0.12 % of the label claim of 500 mg/capsule, while generics ranged from 90.58 ± 0.46 - $96.16 \pm 0.37\%$. The student-t tests for accuracy and precision between the label claim and amount found in brands ranged from 1.400 – 1.496 (Table 1), while values between A4 (innovator) and generics - A1, A2, and A3 were 1.4815, 1.4750 and 1.2947 respectively – all test values were < 3.18 (tabulated) at 95% confidence level for 3 replicates. This suggested that there was no significant difference between label claims of the amoxicillin brands and assay values obtained, in addition to the A4 (innovator) and A1, A2, and A3 (generics) respectively [26]. Furthermore, the relative standard deviation (%RSD, $n = 3$) and standard error of the mean (SEM) ranged from 0.38 to 0.98 and 0.34 to 1.83 respectively, with the least values recorded by the innovator brand for both properties. These values indicated high reproducibility and reliability, with satisfactory precision and accuracy of method.

3.5 Dissolution Test

The dissolution profile of the innovator and the generic brands showed a percentage release of amoxicillin ranging from 80.81 – 89.11% within 30 minutes. This result complied with the BP and USP specifications for the dissolution rate for the innovator and generic brands, with the order of percentage released at t_{30} as $A4 > A3 > A2 > A1$. The innovator brand recorded the highest percentage of amoxicillin released at t_{60} with the generic brands comparable (Fig. 3). All test brands were considered equivalent from the *in vitro* drug release profile [20,23].

A plot for the *in vitro* release rate constants (k) of amoxicillin over time intervals, $t_5 - t_{60}$ - assuming a first-order kinetic was obtained (Fig. 4). This is a comparative-dependent model for bioequivalent studies [27,28]. The mean rate constant k , ($t_5 - t_{60}$), ranged from 2.56 to $4.33 \times 10^{-2} \text{ min}^{-1}$ for innovator and brands (Table 2), while other kinetic variables such as half-life ($t_{1/2}$) and correlation coefficient (R^2) were from 16.01 – 27.11 min and 0.8087 – 0.9156 respectively. The order of release rate constant k was $A4$ (Innovator) $> A2 > A3 > A1$, while the time taken for half the amount of the drug to be released from the tablet followed the same trend. This implied that the innovator is released fastest amongst all the brands. There was a strong correlation between the release rate constant and time since R^2 values were ≥ 0.8087 - ditto the innovator and other brands (Table 2).

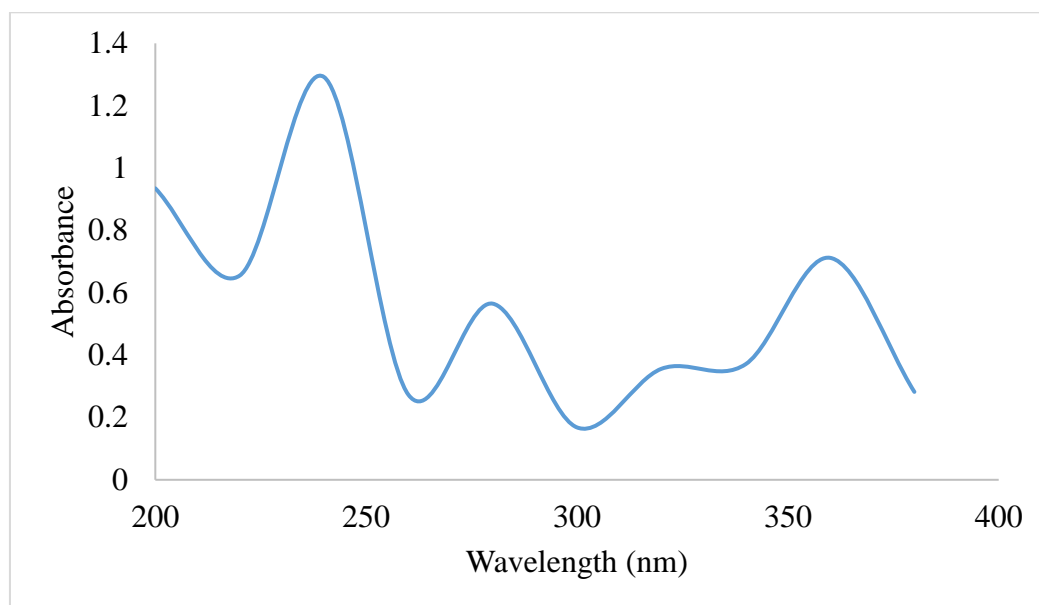


Fig. 2. UV-Spectrum of Amoxicillin

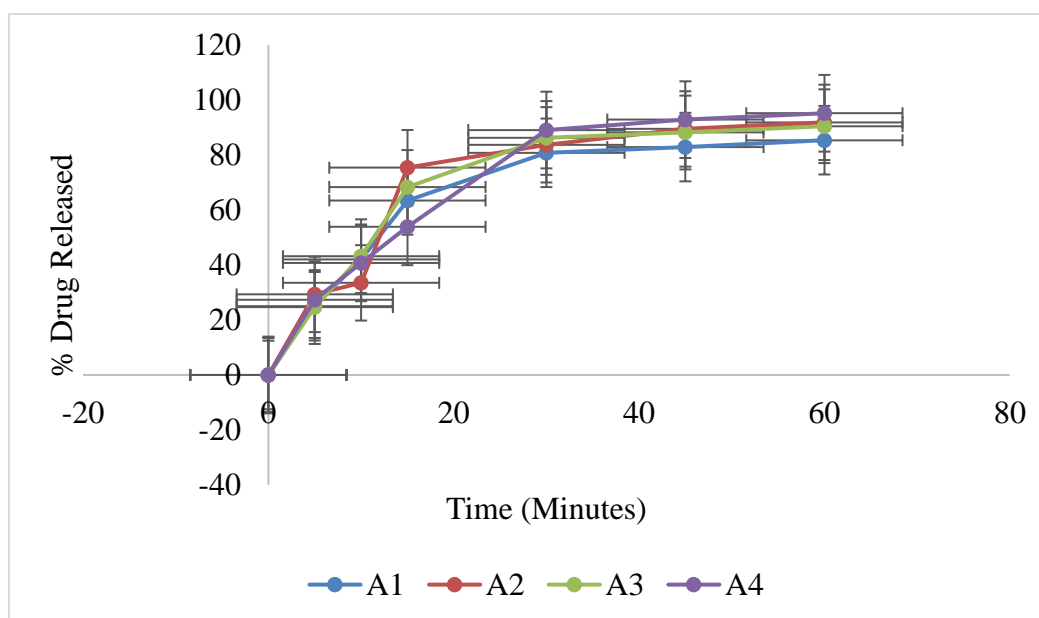


Fig. 3. The dissolution profile of 4 brands of Amoxicillin (Innovator and 3 generics, A1, A2, and A3)

Table 1. Assay of different brands of amoxicillin

Sample ID	Label claim (mg/capsule)	Amt found \pm Sd (mg/capsule)	%RSD	SEM	Drug Content (%)	Student -t test for A4
A1	500	452.91 \pm 2.30	0.51	1.33	90.58 \pm 0.46 t=1.496	1.4815
A2	500	476.08 \pm 3.16	0.66	1.83	95.22 \pm 0.63 t= 1.460	1.4750
A3	500	480.78 \pm 1.84	0.38	1.07	96.16 \pm 0.37 t = 1.408	1.2947
A4	500	493.70 \pm 0.59	0.12	0.34	98.74 \pm 0.12 t = 1.400	0.0

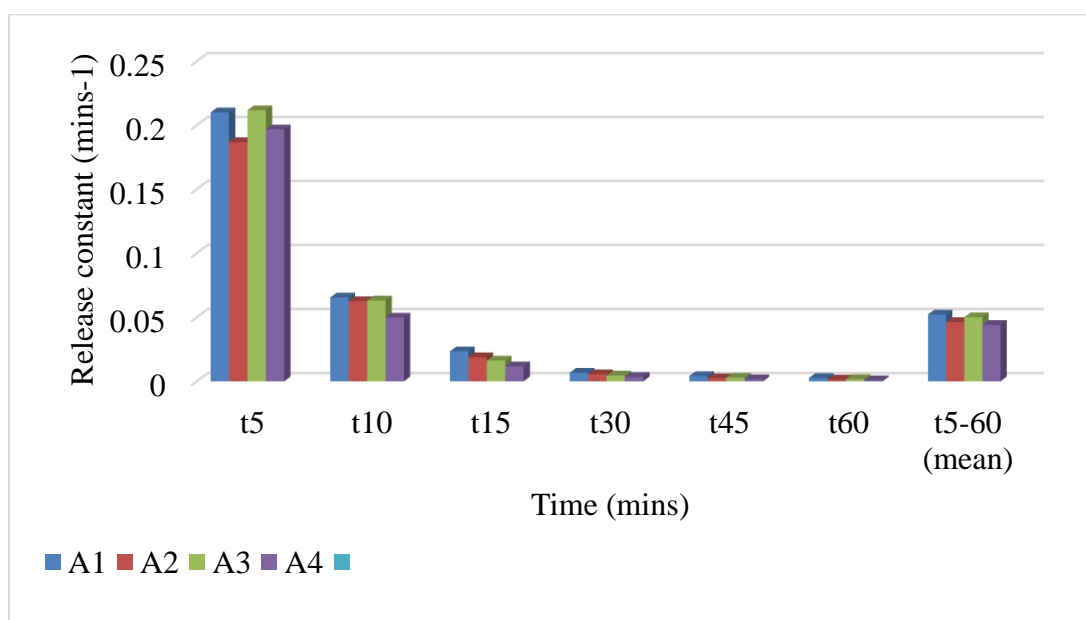


Fig. 4. Drug release constant k , over time amplitude

Table 2. *In vitro* kinetic variables for innovator and generic brands

Sample code	Rate constant (k)	Half-life ($t_{1/2}$) (min)	Correlation coefficient (R^2)
A1	2.56×10^{-2}	27.11	0.8293
A2	3.57×10^{-2}	19.41	0.9156
A3	3.29×10^{-2}	21.04	0.8087
A4	4.33×10^{-2}	16.01	0.8738

4. CONCLUSION

All of the amoxicillin brands tested in this study met the disintegration test requirements set by the USP and BP. The dissolution profiles of the innovator and generic brands demonstrated a relative percentage release pattern within 30 minutes. The UV absorption spectra revealed our unique peaks, with the greatest at 240 nm. The percentage content achieved was all within the standard values mentioned in BP and USP for the brands. The overall in-vitro bioequivalence results in all samples are consistent with the standard, indicating that these brands can be used as alternatives to innovator brands.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Kassaye L, Genete G. Evaluation and comparison of *In vitro* dissolution profiles

for different brands of amoxicillin capsules. African Health Sciences. 2013;13(2):369–375.

Available: <https://doi.org/10.4314/ahs.v13i2.25>

2. Abrue L, Ortiz R, Castro S, Pedrazzoli J. HPLC determination of amoxicillin comparative bioavailability in healthy volunteers after a single dose administration. J Pharm Sci. 2003;6(2): 223–230.

3. Thambavita DD, Galappathy P, Jayakody RL. Pharmacokinetics and bioequivalence of two amoxicillin 500 mg products: Effect of food on absorption and supporting scientific justification for biowaiver. Journal of Pharmaceutical Sciences. 2021;110(11): 3735–3741.

Available: <https://doi.org/10.1016/j.xphs.2021.06.011>

4. Welling PG, Huang H, Koch PA, Craig WA, Madsen PO. Bioavailability of ampicillin and amoxicillin in fasted and nonfasted subjects. J Pharm Sci. 1977;66(4):549–552.

- Available:<https://pubmed.ncbi.nlm.nih.gov/323461/>. Accessed March 20, 2024
5. Legen I, Kracun M, Salobir M, Kerc J. The evaluation of some pharmaceutically acceptable excipients as permeation enhancers for amoxicillin. *Int J Pharm.* 2006;3(1-2):84-89. DOI: 10.1016/j.ijpharm.2005.10.036
 6. Spyker DA, Rugloski RJ, Vann RL, O'Brien WM. Pharmacokinetics of amoxicillin: Dose dependence after intravenous, oral, and intramuscular administration. *Antimicrobial Agents and Chemotherapy.* 1977;11(1):132–141. Available:<https://doi.org/10.1128/AAC.11.1.132>
 7. Guidance for Industry. Statistical approaches to establishing bioequivalence. Population and individual bioequivalence working group of the biopharmaceutics coordinating committee in the office of pharmaceutical science, center for drug evaluation and research (CDER) at the food and drug administration (FDA): Rockville, MD; 2001.
 8. Nasir MI, Ahmad A, Naji MN. Bioequivalence evaluation of two brands of amoxicillin/clavulanic acid 250/125 mg combination tablets in healthy human volunteers: Use of replicate design approach. *Biopharmaceutics & Drug Disposition.* 2004;25:367–372. DOI: 10.1002/bdd.422
 9. Bunu JS, D Alfred-Ugbenbo, E Dode, Lambert FK. *In vitro* bioequivalence analysis of some Artemether-Lumefantrine-based combination Formulations utilized in Nigeria. *Mod App in pharmacy & Pharma Sci.* 2023;1(1):23-29.
 10. Ebriere D, Bunu JS, Ikoi AI. Comparative *In vitro* bioequivalence analysis of metformin hydrochloride tablet formulations available in Yenagoa Metropolis, Bayelsa State, Nigeria. *J. Chem. Res. Adv.* 2023;04(01): 21-26.
 11. Bunu JS, Kpun FH, Obasi FC, Kashimawo AJ, Vaikosen EN, Ebeshi BU. Physicochemical and *In vitro* Bioequivalence analysis of some oral solid-dosage metronidazole formulations. *Bioequivalence & Bioavailability Int'l Journal.* 2023;7(2):1-8. DOI: 10.23880/beba-16000221
 12. Vaikosen EN, Worlu RC, Bunu JS, Dode E, M Doctor. Liquid-liquid separation and determination of betamethasone, clotrimazole, and neomycin in topical cream by UV-visible spectrophotometry. *International Journal in Pharmaceutical Sciences.* 2023;1(4):170-179. DOI: 10.5281/zenodo.8114461
 13. Adane Kassa, Atakilt Abebe, Meareg Amare. Synthesis, characterization, and electropolymerization of a novel Cu(II) complex based on 1,10-phenanthroline for electrochemical determination of amoxicillin in pharmaceutical tablet formulations. *Electrochimica Acta.* 2021; 384:138402. Available:<https://doi.org/10.1016/j.electacta.2021.138402>
 14. Vaikosen EN, Bunu JS, Oraeluno JN, Friday D. Comparative application of derivative spectrophotometric and HPLC techniques for the simultaneous determination of lamivudine and tenofovir disoproxil fumarate in fixed-dose combined drugs. *Future Journal of Pharmaceutical Sciences.* 2023;9:21: 1-12. Available:<https://doi.org/10.1186/s43094-023-00471-7>
 15. Vaikosen EN, Bunu JS, Dode E, Efidi RB. Spectrophotometric fingerprinting and chemical determination of streptomycin, amikacin, neomycin, and gentamycin sulphate by condensing with ninhydrin reagent. *International Journal of Chemistry Research.* 2023;7(3):5-10. DOI: 10.22159/ijcr.2023v7i3.221
 16. Bunu JS, Vaikosen NE, Nnadozie WK. Chloroquine phosphate metabolism and gender-based phenotypic analysis in healthy subjects urine following oral administration. *Pharmaceutical and Biomedical Research.* 2020;6(Special Issue on COVID-19):37-44. DOI: 10.18502/pbr.v6i(s1).4400
 17. Bunu JS, Ere D, Wilson OD. Simple thin-layer chromatographic and UV-spectrophotometric analysis of Promethazine and its N-demethylation metabolites from biological fluids. *International Journal of PharmTech Research.* 2020;13(4):316-324.
 18. WHO. World health organization medicines strategy; countries at the core 2004–2007. 2004;68. Available:<http://libdoc.who.int/hq/2004/WHO>
 19. Al-Tabakha MM, Faehelebom KMS, Obaid DEE, Sayed S. Quality attributes and *In vitro* bioequivalence of different brands of

- amoxicillin trihydrate tablets. Pharmaceuticals. 2017;9(2):18. Available:<https://doi.org/10.3390/pharmaceutics9020018>
20. British Pharmacopoeia. Consultation response: Dissolution testing in BP finished products monographs for solid oral dosage forms. BP; 2009.
 21. FDA. US food and drug administration, center. The US FDA performance verification test requirements; 1997.
 22. Mangal M, Thakral S, Goswami M, Thakur N. Comparative study between various reported disintegration methods for fast dissolving tablets. African Journal of Basic & Applied Science. 2012;4(4):106-109.
 23. USP. Stage 4 Harmonization Official: August 1, 2023 (905); Uniformity of Dosage Units; 2023.
 24. European Pharmacopoeia. Disintegration of tablets and capsules Pharmaceutical Technical Procedures. 2005;01/2005:20901.
 25. FDA. Guidance for industry orally disintegrating tablets. U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER). December; 2008.
 26. Karthik VV. Excipient used in the formulation of tablets. Research and Reviews: J. Chem.; 2016;5(2):143–54.
 27. Gwaza L, Gordon J, Potthast H, Welink J, Leufkens H, Stahl M, García-Arieta A. Influence of point estimates and study power of bioequivalence studies on establishing bioequivalence between generics by adjusted indirect comparisons. European journal of clinical pharmacology. 2015;71(9):1083–1089. Available:<https://doi.org/10.1007/s00228-015-1889-9>
 28. Little AG, Pamerter ME, Sitaraman D, Templeman NM, Willmore WG, Hedrick MSm, Moyes CD. Utilizing comparative models in biomedical research. Comparative biochemistry and physiology. Part B, Biochemistry & molecular biology. 2021;255:110593. Available:<https://doi.org/10.1016/j.cbpb.2021.110593>

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