



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

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EMA/CVMP/813350/2011  
Committee for Medicinal Products for Veterinary Use

## European public MRL assessment report (EPMAR)

### Closantel (bovine and ovine milk)

On 14 March 2012 the European Commission adopted a Regulation<sup>1</sup> establishing maximum residue limits for closantel in bovine and ovine milk, valid throughout the European Union. These maximum residue limits were based on the favourable opinion and the assessment report adopted by the Committee for Medicinal Products for Veterinary Use.

Closantel is intended for use in bovine and ovine species for the treatment and control of adult and immature flukes, nematodes and larval stages of some arthropods and is administered subcutaneously or as a drench. In addition, bovine species may also be treated topically.

Closantel had maximum residue limits already established<sup>2</sup> for bovine and ovine species.

The Irish Medicines Board submitted the application for the extrapolation of maximum residue limits to the European Medicines Agency, on 19 August 2011.

Based on the data in the dossier, the Committee for Medicinal Products for Veterinary Use recommended on 10 November 2011 the establishment of provisional maximum residue limits for closantel in bovine and ovine milk.

Subsequently the Commission recommended on 1 February 2012 that provisional maximum residue limits in bovine and ovine milk are established. This recommendation was confirmed on 22 February 2012 by the Standing Committee on Veterinary Medicinal Products and adopted by the European Commission on 14 March 2012.

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<sup>1</sup> Commission Implementing Regulation (EU) No 221/2012, O.J. L 75, of 15.03.2012

<sup>2</sup> Commission Regulation (EEC) No 2901/93, O.J. L 264, of 23.10.1993



# Summary of the scientific discussion for the extrapolation of MRLs

Substance name:	Closantel
Therapeutic class:	Antiparasitic agents/Agents against endoparasites
Procedure number:	EU/ART27/11/191/IMB
Requesting Member State:	Ireland
Target species:	Bovine and ovine milk
Intended therapeutic indication:	Treatment and control of adult and immature flukes, nematodes and larval stages of some arthropods
Route (s) of administration:	Subcutaneous injection, oral drench, topical

## 1. Introduction

Closantel is a salicylanilide which is used for the treatment and control of adult and immature flukes, nematodes and larval stages of some arthropods. Closantel is indicated for the treatment of cattle and sheep and is administered subcutaneously in the dose range of 2.5 to 5 mg/kg body weight. Closantel can also be administered as a drench at a dose of 10 mg/kg body weight. In addition, cattle may be treated topically at a dose rate of 20 mg/kg bodyweight. Closantel is often administered in combination with other anthelmintics.

Closantel was previously assessed by the CVMP and a toxicological ADI of 0.03 mg/kg bw, i.e 1.8 mg/person was established.

Currently closantel is included in table 1 of the Annex to Commission Regulation (EU) No 37/2010 of 22 December 2009, in accordance with the following table:

Pharmacologically active substance	Marker residue	Animal species	MRLs	Target tissues	Other provisions	Therapeutic classification
Closantel	Closantel	Bovine	1000 µg/kg 3000 µg/kg 1000 µg/kg 3000 µg/kg	Muscle Fat Liver Kidney	Not for use in animals from which milk is produced for human consumption	Antiparasitic agents/Agents against endoparasites
		Ovine	1500 µg/kg 2000 µg/kg 1500 µg/kg 5000 µg/kg	Muscle Fat Liver Kidney		

On 19 August 2011 Ireland submitted to the European Medicines Agency a request for an opinion on extrapolation of MRLs for closantel to milk in accordance with Article 27(2) of Regulation (EC) No 470/2009.

## 2. Scientific risk assessment

### 2.1. Safety assessment

The CVMP has previously performed a consumer safety evaluation for closantel and established a toxicological ADI of 0.03 mg/kg bw i.e. 1.8 mg/person based on the NOEL of 2.5 mg/kg bw/day in rats

and applying a safety factor of 100. Therefore, no further assessment regarding the establishment of the ADI for the substance is required for the purpose of this request.

## **2.2. Residues assessment**

For the assessment of the request for extrapolation the committee considered relevant residue data from the previous assessment and any new information made available as detailed below.

### **2.2.1. Pharmacokinetics in target species**

Closantel is highly bound to plasma proteins and undergoes limited metabolism *in vivo*.

Experiments in sheep with radiolabelled-closantel have shown that plasma radioactivity is almost exclusively due to unmetabolised closantel. At least 80% of the radioactivity was excreted in faeces over 8 weeks, whilst less than 0.5% was recovered from urine. Ninety percent of excreted radioactivity was due to parent drug. Residual radioactivity in all tissues but liver was mainly due to the parent compound.

No radiolabelled pharmacokinetic data in milk are available and there is no information on metabolism in milk.

In a small, non-GLP study, a parallel decline of closantel concentration in plasma and milk in lactating cows has been shown with a plasma/milk concentration ratio in the order of 50/1. Three dairy cows were injected intramuscularly with a single dose of closantel at 5 mg/kg (5% injectable solution). Blood and milk samples were collected up to 35 days post-treatment. Closantel levels in plasma and milk were determined by HPLC-UV. Maximal closantel concentrations in plasma of 45 µg/ml were reached 2 to 4 days following administration. Maximal closantel concentrations in milk averaging 1 µg/ml were seen 4 days following administration. At day 35, the mean concentration of closantel in milk was  $0.22 \pm 0.08$  µg/ml. The drug was eliminated from both plasma and milk with a half-life of approximately 12 days.

From the data available it can be concluded that residues of closantel persist in milk and that the parent compound will be the main residue in this food commodity.

### **2.2.2. Residue depletion studies**

In a non-GLP study closantel was administered during the dry period in 4 pregnant dairy cows subcutaneously at a dose of 5 mg closantel/kg bw 30 or 60 days before expected calving. Residues of closantel were quantifiable in the milk until at least 29 days after calving. Residue values quantified by LC-MS/MS ranged from 8 to 160 µg/kg. The half-lives of the residue concentrations in the milk ranged from 10 to 17 days.

In a recent GCP/GLP study 10 pregnant dairy cows were orally treated with closantel at the highest recommended dose of 10 mg closantel/kg bw at the beginning of the dry period (about 45 to 55 days before calving). Residues of closantel were quantifiable in the milk until at least 28 days after calving. After the colostrum period (i.e. from about 3 days after calving) the concentrations in milk decreased to 50 µg/kg or below. Milk residues values ranged from about 10 to 500 µg/kg. Overall, the median closantel concentrations at post colostrum time points were below 30 µg/kg. The 95th percentile values were below 50 µg/kg.

It can be concluded that following administration of closantel during the dry period residues of the parent compound are quantifiable in cow's milk and may persist for weeks.

No residue data are available for sheep milk.

### **Selection of marker residue and target tissues**

No radiolabelled study is available to confirm the marker residue and on which to base a ratio of marker to total residues for milk. However, based on the fact that the parent compound closantel has been identified in bovine milk in a number of studies and considering that metabolism in plasma and tissues is known to be limited, closantel can be accepted as the marker residue in bovine and sheep milk.

Given the absence of total residue data in milk it is only possible to estimate the ratio of marker to total residues in milk; any such estimate must be sufficiently conservative to reflect the uncertainty inherent in such an estimate. Marker to total ratios established for cattle tissues were 1 in muscle, 0.7 in fat, 0.1 in liver, and 0.8 in kidney. Given the limited metabolic capacity of milk it is considered reasonable, in this case, to establish a ratio of marker to total residues identical to that established for fat, as fat also has limited metabolic capacity. It was therefore agreed to use the value of 0.7, established for fat as the ratio of marker to total residues in bovine milk.

It is noted that the ratios of marker to total residues established in sheep tissues are not the same as those established for bovine tissues: a ratio of 1 was established for sheep muscle, kidney and fat while a ratio of 0.6 was established for sheep liver. Nevertheless, for the purpose of establishing an MRL in milk and in view of the fact that ovine animals producing milk for human consumption are considered as a minor species, the marker to total residue of 0.7 agreed for bovine milk is also considered to be acceptable for ovine milk.

### **2.2.3. Monitoring or exposure data**

Results of the Irish residue monitoring programme from 2008 to October 2010 were provided. Closantel was detected in four out of 284 samples in 2009 and in eight samples in 2010. Concentrations of closantel detected ranged from 1.01 µg/kg to 75.73 µg/kg.

### **2.2.4. Analytical method for monitoring of residues**

A UPLC-MS/MS (ultra-performance liquid chromatography coupled to tandem mass spectrometry) method was developed by a national reference laboratory for the purpose of residue surveillance in cow's milk. The method is well described and considered in general suitable for monitoring of residues. However, the method is not validated in line with the requirements of Volume 8 of The rules governing medicinal products in the European Union. In particular, the concentration range over which it was validated did not include the MRL and stability data are lacking. The limit of quantification of the method is 1.2 µg/kg.

The proposed method has been reviewed by the relevant Union Reference Laboratory, which confirmed the overall suitability of the method but highlighted the fact that the validation range did not cover the recommended MRL.

Data have not been provided to demonstrate the applicability of the method to sheep milk.

### **2.2.5. Findings of EU or international scientific bodies**

The Joint FAO/WHO Expert Committee on Food Additives (JECFA) recommended the following MRLs: sheep: 1.5 mg/kg for muscle and liver, 5 mg/kg for kidney and 2 mg/kg for fat; cattle: 1 mg/kg for muscle and liver and 3 mg/kg for kidney and fat. No MRL was established for milk.

### **3. Risk management considerations**

#### ***3.1. Potential effects on the microorganisms used for industrial food processing***

Microbiological effects are not expected for this substance therefore such data are not considered necessary.

#### ***3.2. Other relevant risk management considerations for the establishment of maximum residue limits***

The data provided for the scientific evaluation of closantel for the establishment of a maximum residue limit in milk were limited and do not comply with the requirements of Volume 8 of *The rules governing medicinal products in the European Union*. In particular the studies provided are not GLP compliant and no data on total residues in milk are available.

Recognising the deficiencies in the data presented the Committee took also into account the following:

- Although other flukicidal substances exist for which MRLs in ruminant milk have been established, these substances are not approved for the treatment of immature fluke, and consequently it is recognised that at present there is a lack of available products, authorised for the treatment of immature fluke in animals producing milk for human consumption;
- Liver fluke is a highly debilitating disease leading to loss of condition and ultimately cachexia and potentially death and therefore the availability of an adequate range of products for the treatment of immature fluke is essential in order to avoid unnecessary suffering of the animals;
- The establishment of a maximum residue limit is essential to provide the reference level for control purposes and to enable the use of the substance;
- The lack of available products coupled with welfare issues may lead to increased use of the products under non-authorised conditions;

#### ***3.3. Extrapolation of MRLs***

Based on the existing MRL values, the daily intake of residues from bovine tissues equates to 1.7 mg (equivalent to 94.4% of the ADI), leaving 1 mg (equivalent to 5.6% of the ADI) for the establishment of a MRL for milk.

Given the available information relating to residues in other tissues closantel was retained as marker residue in milk and a ratio of marker to total residues of 0.7 was estimated.

Considering that the standard food basket indicates a consumption for milk of 1.5 kg per consumer per day, and in order to ensure that consumer exposure total residues of closantel remains below the ADI, the maximum allowable total residues in milk is 67 µg/kg.

In view of the information available and the risk management considerations the CVMP recommends the extrapolation of the existing MRLs for triclabendazole in cattle to cattle milk. The proposed MRL is 45 µg/kg.

Although data were not provided to demonstrate the presence of the marker residue closantel in sheep milk, metabolism in plasma and tissues is known to be limited, and therefore closantel can be accepted as the marker residue in sheep milk. Although the ratios of marker to total residues established in sheep tissues are not the same as those established for bovine tissues, for the purpose of establishing

an MRL in milk and in view of the fact that ovine animals producing milk for human consumption are considered as a minor species, the marker to total residue of 0.7 agreed for bovine milk is also considered to be acceptable for ovine milk.

Therefore the proposed MRL of 45 µg/kg for cattle can also be accepted for sheep milk.

In view of the deficiencies already highlighted in this report concerning the analytical method only a provisional MRL can be recommended at this stage.

Available data indicate that following the oral administration of 10 mg/kg bw to cows at the start of the dry period (i.e. 40 to 45 days before expected calving) 95<sup>th</sup> percentile residue values in milk were below 45 µg/l from 13 days after calving while median residue values were below 45 µg/l from two days after calving. It is also noted that closantel-containing products are authorised for administration by other routes (subcutaneous and topical) and this may impact on the time required for residues in milk to deplete to the level of the recommended MRL.

### Calculation of theoretical daily intake of residues

Details used in the calculation of theoretical daily intake of residues from bovine tissues and milk:

Edible tissue or products	Daily consumption (kg)	MRL proposal (µg/kg)	Ratio of the marker/total residue	Amount per edible tissue or product
Muscle	0.30	1000	1	300 µg
Fat	0.05	3000	0.7	214.3 µg
Liver	0.10	1000	0.1	1000 µg
Kidney	0.05	3000	0.8	187.5 µg
<b>Milk</b>	<b>1.50</b>	<b>45</b>	<b>0.7</b>	<b>96.4 µg</b>
Total				1798.2 µg <b>(100% of the ADI)</b>

Details used in the calculation of theoretical daily intake of residues from ovine tissues and milk:

Edible tissue or products	Daily consumption (kg)	MRL proposal (µg/kg)	Ratio of the marker/total residue	Amount per edible tissue or product
Muscle	0.30	1500	1.0	450 µg
Fat	0.05	2000	1.0	100 µg
Liver	0.10	1500	0.6	250 µg
Kidney	0.05	5000	1.0	250 µg
<b>Milk</b>	<b>1.50</b>	<b>45</b>	<b>0.7</b>	<b>96.4 µg</b>
Total				1146.4 µg <b>(64% of the ADI)</b>

### 3.4. Conclusions and recommendation for the establishment of maximum residue limits

Whereas:

- a toxicological ADI of 0.03 mg/kg bw (i.e 1.8 mg/person) was previously established as the overall ADI for closantel;
- closantel has been accepted as the marker residue in cattle and sheep milk;
- the marker to total residues ratio of 0.7 established for fat was considered an suitable conservative value to be considered in relation to milk given that fat milk has limited metabolic capacity;
- there is a lack of available products for the treatment of immature fluke in animals producing milk for human consumption;
- there is a need for a reference level for control purposes and to enable the use of the substance;

and having considered that:

- an analytical method for monitoring of residues in cattle milk is available but not fully validated and that its applicability to sheep milk remains to be demonstrated;

the CVMP recommends the extrapolation of maximum residue limits for closantel to milk and the amendment of the entry for closantel in table 1 of the Annex to Regulation (EU) No 37/2010 in accordance with the following table:

Pharmacologically active substance	Marker residue	Animal species	MRLs	Target tissues	Other provisions	Therapeutic classification
Closantel	Closantel	Bovine	1000 µg/kg 3000 µg/kg 1000 µg/kg 3000 µg/kg	Muscle Fat Liver Kidney		Antiparasitic agents/Agents against endoparasites
		Ovine	1500 µg/kg 2000 µg/kg 1500 µg/kg 5000 µg/kg	Muscle Fat Liver Kidney		
		Bovine, ovine	45 µg/kg	Milk	Provisional MRLs expire on 1 January 2014	

Based on these values, the theoretical maximum daily intake from bovine tissues and milk is 1798.2 µg, which corresponds to 100% of the ADI.

## 4. List of questions

1. The analytical method for closantel residues in bovine milk should be further validated, in line with the requirements specified in Volume 8 of *The rules governing medicinal products in the European Union*. In particular, the requirements of Volume 8 in relation to the concentration range over which the method is validated and the provision for stability data should be addressed.
2. In accordance with the CVMP Note for Guidance on the Risk Analysis Approach for Residues of Veterinary Medicinal Products in Food of Animal Origin (EMEA/CVMP/187/00-Final) the

applicant is requested to demonstrate that the analytical method proposed for bovine milk is applicable to sheep milk.

## **5. Background information on the procedure**

Submission of the dossier	19 August 2011
Steps taken for assessment of the substance	
Clock started:	20 August 2011
CVMP opinion adopted:	10 November 2011