

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

21-700

CHEMISTRY REVIEW(S)



NDA 21-700

Avandaryl™ Tablets

(Rosiglitazone Maleate and Glimepiride Combination Tablets)

SB Pharmco Puerto Rico Inc. d/b/a GlaxoSmithKline

CMC Review # 3

Xavier Ysern, PhD

ONDQA/ DPA I/ Branch II



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Chemistry Assessment

See CMC Review # 1

B. Environmental Assessment Or Claim Of Categorical Exclusion

See CMC Review # 1

III. List Of Deficiencies To Be Communicated None



CHEMISTRY REVIEW



Chemistry Review Data Sheet

1. **NDA:** 21-700
2. **Review #:** 3
3. **Review Date:** 22-NOV-2005
4. **Reviewer:** Xavier Ysern, PhD HFD-820

5. **Previous Documents:**

<u>Previous Documents</u>	<u>Document Date</u>
IND 66,162 Amaryl/Avandia (Glimepiride/Rosiglitazone) Tablet GlaxoSmithKline	07-NOV-2002

6. **Submission(S) Being Reviewed:**

<u>Submission(s) Reviewed</u>	<u>Document Date</u>
Original	31-OCT-2003
Amendment	24-JUN-2005
Amendment	06-AUG-2004
Amendment	23-SEP-2005
Amendment	07-NOV-2005

7. **Name & Address Of Applicant:**

Name: SB Pharmco Puerto Rico d/b/a GlaxoSmithKline
Address: Road 172, Km 9.1/Bo. Certenejas
P. O. Box 11975
Cidra, Puerto Rico 00739-1975
Representative: Linda Rebar
GlaxoSmithKline
200 N. 16th Street
Philadelphia, PA 19102
Telephone: (215) 751 4038 / (215) 751 4926 (fax)

8. **Drug Product Name/Code/Type:**

a) Proprietary Name: Avandaryl™ Tablets
b) Non-Proprietary Name: Rosiglitazone Maleate and Glimepiride Combination Tablets
c) Code Name: SB 797620
d) Chem. Type/Submission Priority: · Chem. Type: 4
· Submission Priority: S

9. **Legal Basis For Submission:** 505 (b)(1)

10. **Pharmacol. Category:** Hypoglycemic agent. Treatment of Type 2 diabetes mellitus as an adjunct to diet and exercise

11. **Dosage Form:** Tablet

12. **Strength/Potency:** 4-mg/1-mg, 4-mg/2-mg, and 4-mg/4-mg

13. **Route Of Administration:** Oral



CHEMISTRY REVIEW



Chemistry Review Data Sheet

14. Rx/OTC Dispensed: Rx

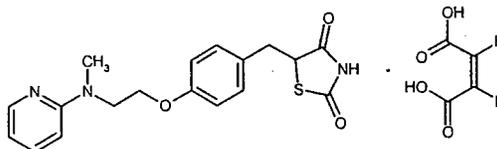
15. Spots (Special Products On-Line Tracking System): Not a SPOTS product

16. Chemical Name, Structural Formula, Molecular Formula, Molecular Weight:

Rosiglitazone maleate

$C_{18}H_{19}N_3O_4S \cdot C_4H_4O_4$

MW = 357.4 + 116.1 = 473.5



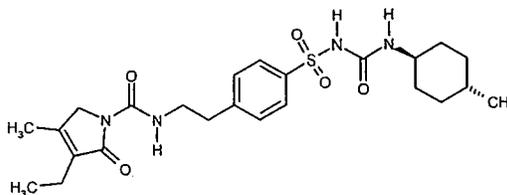
(±)-5-[[4-[2-Methyl-2-(pyridinylamino)ethoxy]phenyl]methyl]-2,4-thiazolidinedione (Z)-2-butenedioate (1:1)

Glimepiride

$C_{24}H_{34}N_4O_5S$

MW = 490.62

CAS 93479-97-1



1*H*-Pyrrole-1-carboxamide,3-ethyl-2,5-dihydro-4-methyl-N-[2-[4-[[[(4-methylcyclohexyl)amino]carbonyl]amino]sulfonyl]phenyl]ethyl]-2-oxo, *trans*-

17. Related/Supporting Documents:

A. DMFs:

DMF #	LOA date	Holder	Item Referenced	Code ¹	Status ²	Date Review Completed	Comments
Type III							
	07-JUN-2002	/		4	Adequate		
	03-JUL-2002			4	Adequate		
	06-JUN-2002			4	Adequate		
	30-JUL-2003			4	Adequate		
	11-JUN-2002			4	Adequate		
	10-JUN-2002			4	Adequate		
	12-JUN-2004			4	Adequate		
	03-SEP-2002			4	Adequate		
Type IV							
	01-JUL-2003	/		4	Adequate		
	01-JUL-2003			4	Adequate		
	01-JUL-2003			4	Adequate		

(¹) Action codes for DMF Table: 1 – DMF Reviewed.
 Other codes indicate why the DMF was not reviewed, as follows:
 2 – Type 1 DMF
 3 – Reviewed previously and no revision since last review
 4 – Sufficient information in application
 5 – Authority to reference not granted
 6 – DMF not available
 7 – Other (explain under "Comments")

(²) Adequate, Inadequate, or N/A (There is enough data in the application, therefore the DMF did not need to be reviewed)



CHEMISTRY REVIEW



Chemistry Review Data Sheet

B. Other Documents:

Document	Application #	Description
NDA	21-071	Avandia® (rosiglitazone maleate) Tablet
NDA	21-410	Avandamet™ (rosiglitazone maleate and metformin hydrochloride) Tablet
IND	43,468	Rosiglitazone

18. Status:

CONSULTS/ CMC RELATED REVIEWS	RECOMMENDATION	DATE	REVIEWER
Biometrics	--	--	--
EES	Acceptable	22-NOV-2005	District Office Recommendation
Pharm/Tox	--	--	--
Biopharm	--	--	--
ODS/DMETS	Pending (Avandaryl tradename)		
Methods Validation	Revalidation of test methods by Agency laboratories deemed not necessary		Xavier Ysern, PhD
EA	Acceptable		Xavier Ysern, PhD
Microbiology	--	--	--

*Appears This Way
On Original*

**Chemistry Review Data Sheet****The Chemistry Review for NDA 21-700****The Executive Summary****I. Recommendations****A. Recommendation and Conclusion on Approvability**

This NDA can be approved.

B. Recommendation on Phase 4 (Post-Marketing) Commitments, Agreements, and/or Risk Management Steps, if Approvable

There are no CMC Phase IV Commitments.

II. Summary of Chemistry Assessments**A. Description of the Drug Product(s) and Drug Substance(s)**

1. Drug Substances See CMC Reviews #1 and 2

2. Drug Product See CMC Reviews #1 and 2

B. Description of How the Drug Product is Intended to be Used See CMC Review #1 and 2

C. Basis for Approvability or Not-Approval Recommendation

This NDA can be approved with respect to Chemistry, Manufacturing, and Controls (CMC). All pending issues have been resolved (See attached EER Summary Report dated 22-NOV-2005).

III. Administrative**A. Reviewer's Signature**

See electronic signature page.

B. Endorsement Block

Chemist Name:	Xavier Ysern, PhD/22-NOV-2005
ONDQA/DPA I/Branch I Branch Chief	Blair Fraser, PhD
	Signed by Suong Tran, PhD

C. CC Block

Rik Lostritto, PhD	ONDQA/DPA I/Division Director
Project Manager:	Lina Aljuburi, PharmD (HFD-510)

3 Page(s) Withheld

Trade Secret / Confidential

Draft Labeling

Deliberative Process

**This is a representation of an electronic record that was signed electronically and
this page is the manifestation of the electronic signature.**

/s/

Xavier Ysern
11/22/2005 02:02:03 PM
CHEMIST

Suong Tran
11/22/2005 02:22:32 PM
CHEMIST
For Blair Fraser

Richard Lostritto
11/23/2005 12:46:54 PM
CHEMIST



NDA 21-700

Avandaryl™ Tablets

(Rosiglitazone Maleate and Glimepiride Combination Tablets)

SB Pharmco Puerto Rico Inc. d/b/a GlaxoSmithKline

CMC Review # 2

Xavier Ysern, PhD

HFD-510



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Chemistry Assessment

See CMC Review # 1

B. Environmental Assessment Or Claim Of Categorical Exclusion

See CMC Review # 1

III. List Of Deficiencies To Be Communicated None



CHEMISTRY REVIEW



Chemistry Review Data Sheet

1. **NDA:** 21-700
2. **Review #:** 2
3. **Review Date:** 08-JUN-2005
4. **Reviewer:** Xavier Ysern, PhD HFD-820

5. Previous Documents:

<u>Previous Documents</u>	<u>Document Date</u>
IND 66,162 AmarylAvandia (Glimepiride/Rosiglitazone) Tablet GlaxoSmithKline	07-NOV-2002

6. Submission(S) Being Reviewed:

<u>Submission(s) Reviewed</u>	<u>Document Date</u>
Original	31-OCT-2003
Amendment	29-JAN-2004
Amendment	15-MAR-2004
Amendment	13-MAY-2004
Amendment	20-MAY-2004

7. Name & Address Of Applicant:

Name: SB Pharmco Puerto Rico d/b/a GlaxoSmithKline

Address: Road 172, Km 9.1/Bo. Certenejas
P. O. Box 11975
Cidra, Puerto Rico 00739-1975

Representative: Linda Rebar
GlaxoSmithKline
200 N. 16th Street
Philadelphia, PA 19102

Telephone: (215) 751 4038 / (215) 751 4926 (fax)

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b) Non-Proprietary Name:	Rosiglitazone Maleate and Glimepiride Combination Tablets
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	· Submission Priority: S

9. Legal Basis For Submission: 505 (b)(1)

10. Pharmacol. Category: Hypoglycemic agent. Treatment of Type 2 diabetes mellitus as an adjunct to diet and exercise

11. Dosage Form: Tablet

12. Strength/Potency: 4-mg/1-mg, 4-mg/2-mg, and 4-mg/4-mg

13. Route Of Administration: Oral



CHEMISTRY REVIEW



Chemistry Review Data Sheet

14. Rx/OTC Dispensed: Rx

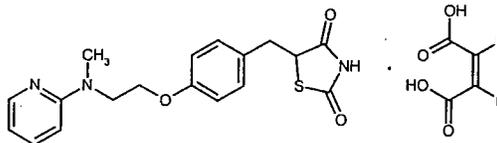
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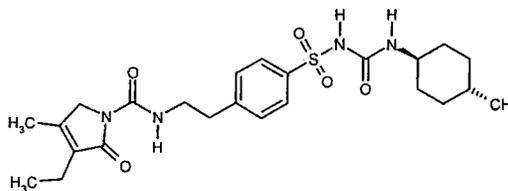
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Glimepiride

$C_{24}H_{34}N_4O_5S$

MW = 490.62

CAS 93479-97-1



1H-Pyrrole-1-carboxamide,3-ethyl-2,5-dihydro-4-methyl-N-[2-[4-[[[(4-methylcyclohexyl)amino]carbonyl]amino]sulfonyl]phenyl]ethyl]-2-oxo, trans-

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	30-JUL-2003			4	Adequate		
	11-JUN-2002			4	Adequate		
	10-JUN-2002			4	Adequate		
	12-JUN-2004			4	Adequate		
	03-SEP-2002			4	Adequate		
Type IV							
	01-JUL-2003			4	Adequate		
	01-JUL-2003			4	Adequate		
	01-JUL-2003			4	Adequate		

⁽¹⁾ Action codes for DMF Table: 1 – DMF Reviewed.

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CHEMISTRY REVIEW



Chemistry Review Data Sheet

B. Other Documents:

Document	Application #	Description
NDA	21-071	Avandia® (rosiglitazone maleate) Tablet
NDA	21-410	Avandamet™ (rosiglitazone maleate and metformin hydrochloride) Tablet
IND	43,468	Rosiglitazone

18. Status:

CONSULTS/ CMC RELATED REVIEWS	RECOMMENDATION	DATE	REVIEWER
Biometrics	--	--	--
EES	Acceptable	08-JUN-2005	District Office Recommendation
Pharm/Tox	--	--	--
Biopharm	--	--	--
ODS/DMETS	Pending (Avandaryl tradename)		
Methods Validation	Revalidation of test methods by Agency laboratories deemed not necessary		Xavier Ysern, PhD
EA	Acceptable		Xavier Ysern, PhD
Microbiology	--	--	--

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On Original



Chemistry Review Data Sheet

The Chemistry Review for NDA 21-700

The Executive Summary**I. Recommendations****A. Recommendation and Conclusion on Approvability**

This NDA can be approved.

B. Recommendation on Phase 4 (Post-Marketing) Commitments, Agreements, and/or Risk Management Steps, if Applicable

There are no CMC Phase IV Commitments.

II. Summary of Chemistry Assessments**A. Description of the Drug Product(s) and Drug Substance(s)****1. Drug Substances**

The drug product Avandaryl™ Tablets is a combination drug product containing two active components: rosiglitazone maleate and glipizide. Both drug substances have been described under approved NDAs. Information on the drug substance rosiglitazone maleate is included by cross-reference to NDA 21-071, Avandia® (rosiglitazone maleate) Tablets approved on May 25, 1999. Information pertinent to the drug substance glimepiride is included by cross-reference to Aventis Pharmaceuticals' NDA 20-496, Amaryl® (glimepiride) Tablets, approved on November 30, 1995. Although both rosiglitazone and glimepiride are hypoglycemic agents used for the treatment of patients with Type 2 diabetes mellitus, they differ in both chemical class and mechanism of action.

Rosiglitazone ((±)-5[[4-[2-Methyl-2-(pyridinylamino)ethoxy]phenyl]methyl]-2,4-thiazolidinedione (Z)-2-butenedioate (1:1)), a thiazolidinedione derivative, is a highly selective and potent agonist for the peroxisome proliferator-activated receptor- gamma (PPAR γ). Activation of PPAR γ nuclear receptors regulates the transcription of insulin-related genes involved in the control of glucose production, transport, and utilization. Rosiglitazone's antidiabetic activity is mediated by increased sensitivity to insulin's action in the liver, muscle and adipose tissues. In humans, PPAR γ receptors are found in key target tissues for insulin action such as adipose tissue, skeletal muscle and liver. Rosiglitazone (code name BRL 49653), which belongs to the glitazone class, is synthesized as a racemate.

So, administration of either enantiomer would not provide any advantage over administration of the racemate. Rosiglitazone maleate is a white to off-white solid with a melting point range of 122° to 123°C. The pKa values of rosiglitazone maleate are 6.8 and 6.1. It is readily soluble in ethanol and a buffered aqueous solution with pH of 2.3; solubility decreases with increasing pH in the physiological range.

Glimepiride (1*H*-Pyrrole-1-carboxamide, 3-ethyl-2,5-dihydro-4-methyl-N-[2-[4-[[[(4methylcyclohexyl)amino]carbonyl]amino]sulfonyl]phenyl]ethyl]-2-oxo, *trans*-) is an oral glucose-lowering drug of the sulfonylurea class.

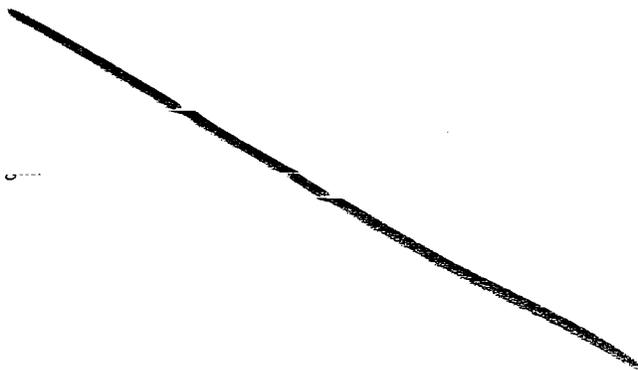
Glimepiride is a white to yellowish-white, crystalline, odorless to practically odorless powder. Glimepiride is practically insoluble in water.

Chemistry Review Data Sheet

2. Drug Product

Avandaryl (Rosiglitazone Maleate and Glimepiride) Combination Tablets are designed to provide fast release of the two active ingredients, rosiglitazone and glimepiride. The release profiles of those active components from Avandaryl™ Tablets are similar to that for rosiglitazone in Avandia® Tablets and for glimepiride in Amaryl® Tablets. The tablets contain the two active components rosiglitazone maleate and glimepiride, plus the following inactive ingredients: Lactose monohydrate, microcrystalline cellulose, sodium starch glycolate, hypromellose (HPMC) 2910, polyethylene glycol, magnesium stearate, titanium dioxide, and one or more of the following: Yellow, red, or black iron. _____

_____. Three tablet strengths, 4-mg/1-mg, 4-mg/2-mg, and 4-mg/4-mg, are proposed for Avandaryl (rosiglitazone/glimepiride) Tablets. Although the three different film coated tablet strengths have the same rounded triangular shape and weight, they are easily distinguished by color and debossed strength markings.



Drug product specifications are consistent with those for Avandia and Amaryl Tablets. Identification of the active components, their quantification and purity determinations are carried out by validated HPLC methodologies. Active components content are within $\pm 10\%$ of labeled amounts, a common requirement for oral dosage forms. Drug-related impurities from rosiglitazone can not exceed _____ and their total limited to NMT _____. For drug-related impurities derived from glimepiride the acceptance criterion is NMT _____ for glimepiride sulfonamide, any unspecified impurity NMT _____ and the total impurities can not exceed _____. Although Avandia and Amaryl tablet dissolution conditions differ, for Avandaryl Tablets the applicant developed a dissolution method able to determine the dissolution rate of rosiglitazone and glimepiride simultaneously from the combination tablet.

Tablets are packaged into _____ bottles. _____ Fill counts for the bottles include 30, _____ tablets.

_____ The stability data for Avandaryl Tablets is derived from six pilot scale batches packaged in the proposed commercial packaging configurations. _____

_____. Currently, stability data up to _____ at controlled room temperature and _____ under stress conditions (40 °C/75 % RH) has been provided. All available test results are within specifications, _____, no significant changes were observed. Based on the available stability data, cumulative stability data on Avandia and Amaryl Tablets, and statistically calculated/extrapolated shelf-life estimates, an initial shelf-life of 24 months is granted for the _____ bottle packaging configurations _____

**Chemistry Review Data Sheet****B. Description of How the Drug Product is Intended to be Used**

Avandaryl Tablets are designed to provide an oral administration of a fix dose of 4 mg rosiglitazone with variable doses of glimepiride (1, 2, or 4 mg) in a single tablet. Avandaryl is indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes who are already treated with a combination of

~~_____~~ sulfonylurea alone. Avandaryl should be given once daily with a meal. As any antidiabetic therapy, the dosage of Avandaryl should be individualized on the basis of effectiveness and tolerability. For patients inadequately controlled on thiazolidinedione or sulfonylurea monotherapy, the usual starting dose of Avandaryl is 4-mg/1-mg or 4-mg/2-mg once daily. When switching from combination therapy of rosiglitazone plus glimepiride as separate tablets, the usual starting dose of Avandaryl is the dose of rosiglitazone and glimepiride already being taken. The maximum recommended daily dose of Avandaryl is 4 mg of rosiglitazone and 4 mg of glimepiride. Although the concomitant administration of Avandia (rosiglitazone maleate) Tablets and Amaryl (glimepiride) Tablets could provide the same dosage that Avandaryl, the use of Avandaryl Tablets simplify administration and facilitates patient compliance.

C. Basis for Approvability or Not-Approval Recommendation

This application is approvable from a CMC viewpoint. This recommendation is based upon evaluation of the CMC information provided by the applicant. The only pending issue, acceptable recommendation by the Office of Compliance, has been resolved (see attached EER Summary Report dated 08-JUN-2005).

III. Administrative**A. Reviewer's Signature**

See electronic signature page.

B. Endorsement Block

Chemist Name:	Xavier Ysern, PhD/08-JUN-2005
Chemistry Team Leader:	Stephen Moore, PhD
Project Manager:	Lina Aljuburi, PharmD

C. CC Block

Attached:
EER Summary Report dated 08-JUN-2005 (1 page)

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CHEMISTRY REVIEW



Chemistry Review Data Sheet

09-JUN-2005

FDA CDER EES

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ESTABLISHMENT EVALUATION REQUEST SUMMARY REPORT

Application : NDA 21700/000
Org Code : 510
Priority : 4S

Sponsor: GLAXOSMITHKLINE
7929
PHILADELPHIA, PA 191017929

Stamp Date : 31-OCT-2003
PDUFA Date : 31-AUG-2004
Action Goal :
District Goal: 02-JUL-2004

Brand Name : AVANDARYL(ROSIGLITAZONE
MALEATE/GLIMEPIR
Estab. Name:
Generic Name: ROSIGLITAZONE
MALEATE/GLIMEPIRIDE COMBIN
Dosage Form: (TABLET)
Strength : 4-/1-, 4-/2-& 4-MG/4-MG

FDA Contacts:	L. ALJUBURI	Project Manager (HFD-510)	301-827-6414
	X. YSERN	Review Chemist (HFD-510)	301-827-6420
	S. MOORE	Team Leader (HFD-510)	301-827-6401

Overall Recommendation: ACCEPTABLE on 08-JUN-2005 by C. CRUZ (HFD-323) 301-827-9013
WITHHOLD on 17-AUG-2004 by R. WOODS (HFD-322) 301-827-9011

Establishment : CFN : 2650115 FEI : 2650115
SMITHKLINE BEECHAM PHARMACEUTICALS CO
RD 172 KM 9.1 BO CERTENEJAS
CIDRA, PR 00739

DMF No: AADA:

Responsibilities: FINISHED DOSAGE MANUFACTURER
FINISHED DOSAGE PACKAGER
FINISHED DOSAGE RELEASE TESTER

Profile : TCM OAI Status: NONE
Last Milestone : OC RECOMMENDATION
Milestone Date: 08-JUN-05
Decision : ACCEPTABLE
Reason : DEFIC. NOT SUPPORTED BY CDER

**This is a representation of an electronic record that was signed electronically and
this page is the manifestation of the electronic signature.**

/s/

Xavier Ysern
6/9/05 10:52:04 AM
CHEMIST

Stephen Moore
6/9/05 11:25:40 AM
CHEMIST



NDA 21-700

Avandaryl™ Tablets

(Rosiglitazone Maleate and Glimepiride Combination Tablets)

SB Pharmco Puerto Rico Inc. d/b/a GlaxoSmithKline

Xavier Ysern, PhD

HFD-510



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Chemistry Assessment

I. Review Of Common Technical Document-Quality (Ctd-Q) Module 3.2: Body Of Data

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R REGIONAL INFORMATION 50

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**Chemistry Review Data Sheet**

1. **NDA:** 21-700
2. **Review #:** 1
3. **Review Date:** 10-JUN-2004
4. **Reviewer:** Xavier Ysern, PhD HFD-820

5. Previous Documents:

<u>Previous Documents</u>	<u>Document Date</u>
IND 66,162 AmarylAvandia (Glimepiride/Rosiglitazone) Tablet GlaxoSmithKline	07-NOV-2002

6. Submission(S) Being Reviewed:

<u>Submission(s) Reviewed</u>	<u>Document Date</u>
Original	31-OCT-2003
Amendment	29-JAN-2004
Amendment	15-MAR-2004
Amendment	13-MAY-2004
Amendment	20-MAY-2004

7. Name & Address Of Applicant:

Name: SB Pharmco Puerto Rico d/b/a GlaxoSmithKline

Address: Road 172, Km 9.1/Bo. Certenejas
P. O. Box 11975
Cidra, Puerto Rico 00739-1975

Representative: Linda Rebar
GlaxoSmithKline
200 N. 16th Street
Philadelphia, PA 19102

Telephone: (215) 751 4038 / (215) 751 4926 (fax)

8. Drug Product Name/Code/Type:

- a) Proprietary Name: Avandaryl™ Tablets
- b) Non-Proprietary Name: Rosiglitazone Maleate and Glimepiride Combination Tablets
- c) Code Name: SB 797620
- d) Chem. Type/Submission Priority: · Chem. Type: 4
· Submission Priority: S

9. Legal Basis For Submission: 505 (b)(1)**10. Pharmacol. Category:** Hypoglycemic agent. Treatment of Type 2 diabetes mellitus as an adjunct to diet and exercise**11. Dosage Form:** Tablet**12. Strength/Potency:** 4-mg/1-mg, 4-mg/2-mg, and 4-mg/4-mg**13. Route Of Administration:** Oral

Chemistry Review Data Sheet

14. Rx/OTC Dispensed:

Rx

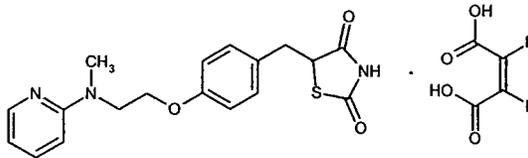
15. Spots (Special Products On-Line Tracking System): Not a SPOTS product

16. Chemical Name, Structural Formula, Molecular Formula, Molecular Weight:

Rosiglitazone maleate

 $C_{18}H_{19}N_3O_4S \cdot C_4H_4O_4$

MW = 357.4 + 116.1 = 473.5



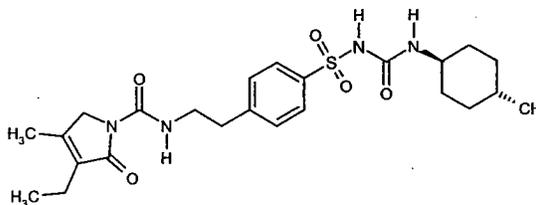
(±)-5[[4-[2-Methyl-2-(pyridinylamino)ethoxy]phenyl]methyl]-2,4-thiazolidinedione (Z)-2-butenedioate (1:1)

Glimepiride

 $C_{24}H_{34}N_4O_5S$

MW = 490.62

CAS 93479-97-1



1*H*-Pyrrole-1-carboxamide,3-ethyl-2,5-dihydro-4-methyl-N-[2-[4-[[[(4-methylcyclohexyl)amino]carbonyl]amino]sulfonyl]phenyl]ethyl]-2-oxo, *trans*-

17. Related/Supporting Documents:

A. DMFs:

DMF #	LOA date	Holder	Item Referenced	Code ¹	Status ²	Date Review Completed	Comments
Type III							
	07-JUN-2002			4	Adequate		
	03-JUL-2002			4	Adequate		
	06-JUN-2002			4	Adequate		
	30-JUL-2003			4	Adequate		
	11-JUN-2002			4	Adequate		
	10-JUN-2002			4	Adequate		
	12-JUN-2004			4	Adequate		
	03-SEP-2002			4	Adequate		
Type IV							
	01-JUL-2002			4	Adequate		
	01-JUL-2003			4	Adequate		
	01-JUL-2003			4	Adequate		

⁽¹⁾ Action codes for DMF Table: 1 – DMF Reviewed.

Other codes indicate why the DMF was not reviewed, as follows:

2 – Type 1 DMF

3 – Reviewed previously and no revision since last review

4 – Sufficient information in application

5 – Authority to reference not granted

6 – DMF not available

7 – Other (explain under "Comments")

⁽²⁾ Adequate, Inadequate, or N/A (There is enough data in the application, therefore the DMF did not need to be reviewed)

**Chemistry Review Data Sheet****B. Other Documents:**

Document	Application #	Description
NDA	21-071	Avandia® (rosiglitazone maleate) Tablet
NDA	21-410	Avandamet™ (rosiglitazone maleate and metformin hydrochloride) Tablet
IND	43,468	Rosiglitazone

18. Status:

CONSULTS/ CMC RELATED REVIEWS	RECOMMENDATION	DATE	REVIEWER
Biometrics	--	--	--
EES	Pending		
Pharm/Tox	--	--	--
Biopharm	--	--	--
ODS/DMETS	Pending (Avandaryl tradename)		
Methods Validation	Pending		
EA	Acceptable		Xavier Ysern, PhD
Microbiology	--	--	--

Appears This Way
On Original

The Chemistry Review for NDA 21-700

The Executive Summary**I. Recommendations****A. Recommendation and Conclusion on Approvability**

The application is APPROVABLE pending satisfactory cGMP inspection of facility used to manufacture the drug product. Currently, the status of this facility is WITHOLD pending regulatory action - Warning Letter (see page 52). A statement should be included in the SB Pharmco PR action letter regarding the drug product expiry dates (see list of deficiencies).

B. Recommendation on Phase 4 (Post-Marketing) Commitments, Agreements, and/or Risk Management Steps, if Approvable

There are no CMC Phase IV Commitments.

II. Summary of Chemistry Assessments**A. Description of the Drug Product(s) and Drug Substance(s)****1. Drug Substances**

The drug product Avandaryl™ Tablets is a combination drug product containing two active components: rosiglitazone maleate and glimepiride. Both drug substances have been described under approved NDAs. Information on the drug substance rosiglitazone maleate is included by cross-reference to NDA 21-071, Avandia® (rosiglitazone maleate) Tablets approved on May 25, 1999. Information pertinent to the drug substance glimepiride is included by cross-reference to Aventis Pharmaceuticals' NDA 20-496, Amaryl® (glimepiride) Tablets, approved on November 30, 1995. Although both rosiglitazone and glymepiride are hypoglycemic agents used for the treatment of patients with Type 2 diabetes mellitus, they differ in both chemical class and mechanism of action.

Rosiglitazone ((±)-5[[4-[2-Methyl-2-(pyridinylamino)ethoxy]phenyl]methyl]-2,4-thiazolidinedione (Z)-2-butenedioate (1:1)), a thiazolidinedione derivative, is a highly selective and potent agonist for the peroxisome proliferator-activated receptor-γ (PPARγ). Activation of PPARγ nuclear receptors regulates the transcription of insulin-related genes involved in the control of glucose production, transport, and utilization. Rosiglitazone's antidiabetic activity is mediated by increased sensitivity to insulin's action in the liver, muscle and adipose tissues. In humans, PPARγ receptors are found in key target tissues for insulin action such as adipose tissue, skeletal muscle and liver. Rosiglitazone (code name BRL 49653), which belongs to the glitazone class, is synthesized as a racemate.

So, administration of either enantiomer would not provide any advantage over administration of the racemate. Rosiglitazone maleate is a white to off-white solid with a melting point range of 122° to 123°C. The pKa values of rosiglitazone maleate are 6.8 and 6.1. It is readily soluble in ethanol and a buffered aqueous solution with pH of 2.3; solubility decreases with increasing pH in the physiological range.

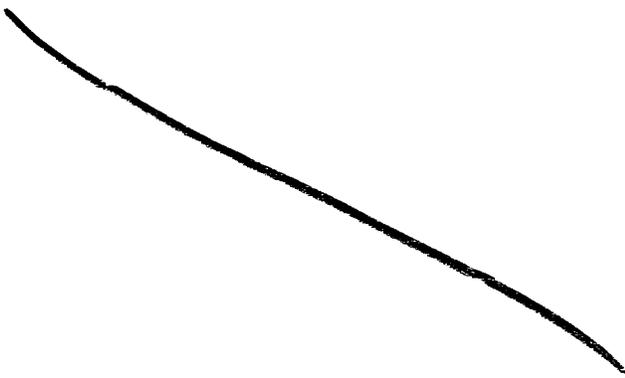
Glimepiride (1*H*-Pyrrole-1-carboxamide, 3-ethyl-2,5-dihydro-4-methyl-N-[2-[4-[[[(4methylcyclohexyl)amino]carbonyl]amino]sulfonyl]phenyl]ethyl]-2-oxo, *trans*-) is an oral glucose-lowering drug of the sulfonylurea class.

Glimepiride is a white to yellowish-white, crystalline, odorless to practically odorless powder. Glimepiride is practically insoluble in water.

2. Drug Product

Avandaryl (Rosiglitazone Maleate and Glimepiride) Combination Tablets are designed to provide fast release of the two active ingredients, rosiglitazone and glimepiride. The release profiles of those active components from Avandaryl™ Tablets are similar to that for rosiglitazone in Avandia® Tablets and for glimepiride in Amaryl® Tablets. The tablets contain the two active components rosiglitazone maleate and glimepiride, plus the following inactive ingredients: Lactose monohydrate, microcrystalline cellulose, sodium starch glycolate, hypromellose (HPMC) 2910, polyethylene glycol, magnesium stearate, titanium dioxide, and one or more of the following: Yellow, red, or black iron.

Three tablet strengths, 4-mg/1-mg, 4-mg/2-mg, and 4-mg/4-mg, are proposed for Avandaryl (rosiglitazone/glimepiride) Tablets. Although the three different film coated tablet strengths have the same rounded triangular shape and weight, they are easily distinguished by color and debossed strength markings.



Drug product specifications are consistent with those for Avandia and Amaryl Tablets. Identification of the active components, their quantification and purity determinations are carried out by validated HPLC methodologies. Active components content are within $\pm 10\%$ of labeled amounts, a common requirement for oral dosage forms. Drug-related impurities from rosiglitazone can not exceed [redacted] and their total limited to NMT [redacted]. For drug-related impurities derived from glimepiride the acceptance criterion is NMT [redacted] for glimepiride sulfonamide, any unspecified impurity NMT [redacted] and the total impurities can not exceed [redacted]. Although Avandia and Amaryl tablet dissolution conditions differ, for Avandaryl Tablets the applicant developed a dissolution method able to determine the dissolution rate of rosiglitazone and glimepiride simultaneously from the combination tablet.

Tablets are packaged into [redacted] bottles. Fill counts for the bottles include 30, [redacted] tablets.

The stability data for Avandaryl Tablets is derived from six pilot scale batches packaged in the proposed commercial packaging configurations.

Currently, stability data up to [redacted] at controlled room temperature and [redacted] under stress conditions (40 °C/75 % RH) has been provided. All available test results are within specifications, [redacted] no significant changes were observed. Based on the available stability data, cumulative stability data on Avandia and Amaryl Tablets, and statistically calculated/extrapolated shelf-life estimates, an initial shelf-life of 24 months is granted for the [redacted] bottle packaging configurations.

B. Description of How the Drug Product is Intended to be Used

Avandaryl Tablets are designed to provide an oral administration of a fix dose of 4 mg rosiglitazone with variable doses of glimepiride (1, 2, or 4 mg) in a single tablet. Avandaryl is indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes who are already treated with a combination of

_____ sulfonylurea alone. Avandaryl should be given once daily with a meal. As any antidiabetic therapy, the dosage of Avandaryl should be individualized on the basis of effectiveness and tolerability. For patients inadequately controlled on thiazolidinedione or sulfonylurea monotherapy, the usual starting dose of Avandaryl is 4-mg/1-mg or 4-mg/2-mg once daily. When switching from combination therapy of rosiglitazone plus glimepiride as separate tablets, the usual starting dose of Avandaryl is the dose of rosiglitazone and glimepiride already being taken. The maximum recommended daily dose of Avandaryl is 4 mg of rosiglitazone and 4 mg of glimepiride. Although the concomitant administration of Avandia (rosiglitazone maleate) Tablets and Amayl (glimepiride) Tablets could provide the same dosage that Avandaryl, the use of Avandaryl Tablets simplify administration and facilitates patient compliance.

C. Basis for Approvability or Not-Approval Recommendation

This application is approvable from a CMC viewpoint. This recommendation is based upon evaluation of the CMC information provided by the applicant. A final recommendation by the Office of Compliance is pending.

III. Administrative**A. Reviewer's Signature**

See electronic signature page.

B. Endorsement Block

Chemist Name:	Xavier Ysern, PhD/28-MAY-2004
Chemistry Team Leader:	Stephen Moore, PhD
Project Manager:	Lina Aljuburi, PharmD

C. CC Block

50 Page(s) Withheld

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Deliberative Process

**This is a representation of an electronic record that was signed electronically and
this page is the manifestation of the electronic signature.**

/s/

Xavier Ysern
7/8/04 04:34:35 PM
CHEMIST

Stephen Moore
7/8/04 05:36:29 PM
CHEMIST

ESTABLISHMENT EVALUATION REQUEST

DETAIL REPORT

Application:	NDA 21700/000	Action Goal:	
Stamp:	31-OCT-2003	District Goal:	02-JUL-2004
Regulatory Due:	26-NOV-2005	Brand Name:	AVANDARYL (ROSIGLI AZONE)
Applicant:	GLAXOSMITHKLINE 7929 PHILADELPHIA, PA 191017929	Estab. Name:	MALEATE/GLIMEPIR
		Generic Name:	ROSIGLITAZONE MALEATE/GLIMEPIRI
Priority:	4S		COMBIN
Org Code:	510	Dosage Form:	(TABLET)
		Strength:	4-/1-, 4-/2-& 4-M /4-MG

Application Comment: MANUFACTURE, PRIMARY AND SECONDARY PACKAGING OF BATCHES,
QUALITY CONTROL AND APPROVAL FOR RELEASE, AND STABILITY TESTING
ARRIED OUT AT THIS FACILITY (on 24-DEC-2003 by X. YSERN () 301-
96-2410)

FDA Contacts: L. ALJUBURI 301-796-1168 , Project
anager
X. YSERN 301-796-2410 , Review C
emist
S. MOORE 301-796-1718 , Team Lea
er

Overall Recommendation: ACCEPTABLE on 17-NOV-2005 by S. ADAMS (HFD-322) 301-
27-9051
WITHHOLD on 17-AUG-2004 by R. WOODS (HFD-322) 301-
27-9011

Establishment: 

DMF No:

AADA:

Responsibilities:



P File:

CSN

OAI Status: NONE

Estab. Comment:

. DS



4-JUN-

2005 by X. YSERN () 301-796-2410)

Milestone Name eator	Date	Type	Insp. Date	Decision & Reason	C
SUBMITTED TO OC YSERNX	14-JUN-2005				
SUBMITTED TO DO BROGIOJ	14-JUN-2005	PS			DA
DO RECOMMENDATION ADAMSS	17-JUN-2005			ACCEPTABLE	
				BASED ON FILE REVIEW	
OC RECOMMENDATION VMSS	17-JUN-2005			ACCEPTABLE	
				DISTRICT RECOMMENDATION	

Establishment:

CFN 9610176

FEI

1000170338

GLAXOSMITHKLINE

CURRAGHBINNY

CARRIGALINE, CO. CORK, , EI

DMF No:

AADA:

ESTABLISHMENT EVALUATION REQUEST

DETAIL REPORT

Responsibilities: DRUG SUBSTANCE MANUFACTURER
DRUG SUBSTANCE RELEASE TESTER
DRUG SUBSTANCE STABILITY TESTER

Profile: CSN OAI Status: NONE

Estab. Comment: DR
G

PROFILE. (on 14-JUN-2005 by X. YSERN () 301-796-2410)

Milestone Name	Date	Type	Insp. Date	Decision & Reason	C
SUBMITTED TO OC YSERNX	14-JUN-2005				
SUBMITTED TO DO BROGIOJ	14-JUN-2005	PS			DA
SIGNED INSPECTION T AMSS	17-JUN-2005	PS			
INSPECTION SCHEDULED IRIVERA	26-AUG-2005		01-SEP-2005		
INSPECTION PERFORMED .QUITAN	31-AUG-2005		31-AUG-2005		JOE

This Pre-approval and GMP inspection of an Active Pharmaceutical Ingredient manufacturer

was conducted in response to an EES assignment from CDER requesting inspectional coverage

for NDA.21-700, Rosiglitazone Maleate API. The inspection was performed in accordance to

CP 7356.002, Drug Process Inspection and CP 7346.832, Pre-Approval Inspection/Method

Validations under FACTS assignment# 3055959. Profile class CSN was covered.

According to the firm, the NDA being submitted is for a new combination product tablet of

rosiglitazone Maleate with Glimiperide indicated for Type II Diabetes. Rosiglitazone

Maleate API is used in other currently approved drug products. The manufacturing process

of Rosiglitazone at this facility is the same regardless of its intended drug product.

The previous inspection of [redacted] was a PAI. That inspection resulted in a 3-item FDA-483

for 1) No data to support assigned dating period of working reference standards

2. Equivalency study for analytical testing was deficient in that it did not account for

additional testing when detectable levels for impurities were at trace or non-detectable

levels 3) No documentation to demonstrate that reconciliation was performed during

labeling operation of intermediates. Corrections to the previous observations were

verified during this inspection.

This inspection covered the following systems: Quality, Facilities and Equipment, Production, Materials and Laboratory. There were no significant observations noted

during this inspection and an FDA-483 was not issued.

RECOMMENDATION 17-NOV-2005
ADAMSS

ACCEPTABLE

INSPECTION

OC RECOMMENDATION 17-NOV-2005
ADAMSS

ACCEPTABLE

DISTRICT RECOMMENDATION

Establishment: CFN 2650115 FEI 2650115

SMITHKLINE BEECHAM PHARMACEUTICALS CO

RD 172 KM 9.1 BO CERTENEJAS

CIDRA, PR 00739

DMF No:

AADA:

ESTABLISHMENT EVALUATION REQUEST

DETAIL REPORT

Responsibilities: FINISHED DOSAGE MANUFACTURER
FINISHED DOSAGE PACKAGER
FINISHED DOSAGE RELEASE TESTER

Profile: TCM OAI Status: NONE

Estab. Comment: MANUFACTURE, PRIMARY AND SECONDARY PACKAGING OF BATCHES, QUALITY CONTROL AND APPROVAL FOR RELEASE, AND STABILITY TESTING CARRIED OUT AT

THIS FACILITY (on 24-DEC-2003 by X. YSERN () 301-796-2410)

Milestone Name	Date	Type	Insp. Date	Decision & Reason	C
SUBMITTED TO OC YSERNX	24-DEC-2003				
SUBMITTED TO DO BROGIOJ	29-DEC-2003	10D			DA
RECEIVED BY OC WOODSR	17-JAN-2004				
DO RECOMMENDATION IAYALA	22-JAN-2004				
LTR					
OC RECOMMENDATION WOODSR	17-AUG-2004				

DISTRICT RECOMMENDATION

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