

## 9. Overview of Efficacy

Both of the pivotal clinical trials demonstrated similar therapeutic efficacy between the MONISTAT® DUAL-PAK® (1200 mg Vaginal [REDACTED] and MONISTAT®7 Vaginal Cream. The Applicant's overall clinical, microbiological, and therapeutic response rates for the two pivotal studies are presented in Table 68.

Table 68. Summary of the Applicant's Overall Cure Rates by Treatment Group, Patients Valid for Overall Efficacy, Studies 96-002 and 97-006

Study Number Type of Cure	Treatment Group				P-value*
	MONISTAT® DUAL-PAK® (1200 mg) Vaginal [REDACTED]		MONISTAT®7 Vaginal Cream		
	n	%	n	%	
Study 96-002	N=99		N=97		
Clinical	81	81.8	79	81.4	0.96
Microbiological	75	75.8	71	73.2	
Therapeutic	71	71.7	68	70.1	
Study 97-006	N=104		N=90		
Clinical	72	69.2	63	70.0	0.78
Microbiological	72	69.2	62	68.9	
Therapeutic	64	61.5	55	61.1	

\*The Cochran-Mantel-Haenszel Test, stratified by investigator, was used to detect any difference between the treatment groups. (Adapted from the Applicant's Table V, from Vol. 1.9, p. 08-000206 and p. 08-000312)

The Applicant analyzed the evaluable for efficacy population in Study 96-002 and found the MONISTAT® DUAL-PAK® to be statistically similar to MONISTAT®7 with regards to clinical, microbiological, and therapeutic response at Return Visit 1 (RV1) and overall. In addition to the Applicant's analysis in the evaluable for efficacy population, a modified intent-to-treat (MITT) analysis was performed by the Agency's Statistical Reviewer, Dr. Cheryl Dixon. The MONISTAT® DUAL-PAK® was found to be statistically similar to MONISTAT®7 in the MITT analysis with regards to overall clinical, microbiological, and therapeutic response. The MO performed an efficacy analysis using the subset of the Applicant's evaluable patients that were compliant with the protocol specified visit windows and found the clinical, microbiological and therapeutic cure rates at RV1 and overall (combined RV1 & RV2), statistically similar for the two treatment groups. Taking the results of these three analyses into

consideration, study 96-002 supports the efficacy of the MONISTAT® DUAL-PAK® in the treatment of VVC.

The second pivotal clinical study (Study 97-006) was almost identical in design to Study 96-002. The Applicant analyzed efficacy in an evaluable for efficacy population and found the MONISTAT® DUAL-PAK® to be statistically similar to its comparator MONISTAT®7 with regards to clinical, microbiological, and therapeutic response both at RV1 and overall. A MITT analysis performed by the Agency's Statistical Reviewer found the MONISTAT® DUAL-PAK® to be statistically similar to MONISTAT®7 with regards to clinical, microbiological, and therapeutic response overall. The MO's analysis of clinical, microbiological, and therapeutic cure rates in the subset of evaluable patients compliant with the protocol specified visit windows found MONISTAT® DUAL-PAK® to be statistically similar to MONISTAT®7 Vaginal Cream. The results of the Applicant's analyses, the Statistical Reviewer's MITT analysis, and the MO's efficacy analysis of the study 97-006 supports the efficacy of MONISTAT® DUAL-PAK® in the treatment of VVC and corroborates the findings of Study 96-002.

The results of the two pivotal clinical trials provide sufficient evidence supporting the efficacy of the MONISTAT® DUAL-PAK® for the treatment of VVC.

## 10. Overview of Safety

### Significant/Potentially Significant Events

#### Deaths

Patient 03101, a 62-year-old female with diabetes mellitus, died of atherosclerotic vascular disease 5 to 6 weeks after completing her study medication, (MONISTAT®7). Her death was considered not related to study medication.

#### Other Significant/Potentially Significant Events

A total of seven patients from the pivotal clinical trials (96-002 and 97-006) were discontinued because of adverse experiences. Three patients received the 1200 mg vaginal [REDACTED] and 4 received MONISTAT®7. One patient receiving the 1200 mg vaginal [REDACTED] and 2 patients receiving MONISTAT®7 were discontinued from study because of local adverse experiences (vulvovaginal burning, irritation, erythema, and edema). One patient from each arm of the study was discontinued for a more generalized reaction; the patient in the 1200 mg [REDACTED] group experienced labial and facial swelling along with vaginal burning and the

patient in the MONISTAT®7 group experienced an erythematous rash over her body. One patient in the MONISTAT®7 arm developed genital herpes while on therapy and was discontinued from the study. Her genital herpes outbreak was considered unrelated to study medication. One patient from the 1200 mg vaginal [REDACTED] arm of the study was discontinued because she developed a sinus infection that required treatment with an antibiotic. Her sinus infection was considered not related to study medication.

An additional serious adverse event judged unrelated to study medication occurred in a patient in the 1200 mg [REDACTED] group. This patient had a history of depression and prior suicide attempts. She attempted suicide on Study Day 4. The event was considered unrelated to study medication and the patient recovered from the adverse event (attempted suicide).

Three of the events that occurred were considered serious adverse experiences. The labial and facial swelling experienced by the aforementioned patient who received the 1200 mg [REDACTED] comprised 2 of these 3 serious events. The third event was the attempted suicide.

The pattern of adverse experiences for which patients were discontinued from study were similar between the 1200 mg [REDACTED] and MONISTAT®7 groups. The events do not suggest any concerning differences with regards to events resulting in study discontinuation.

One additional patient from study 97-007, a pharmacokinetics trial for the 1200 mg [REDACTED] was discontinued from the study after an acute anxiety episode that was judged unrelated to study medication.

The distribution of mild, moderate, and severe adverse experiences by treatment group was compared in each of the two pivotal trials using a Chi-square test. In neither study was an association found between the treatment group and the distribution of severity of adverse events. The distribution of frequent adverse experiences was in general similar across treatment groups.

#### Overdosage exposure

There were no reported incidents of overdosage exposure during the clinical studies.

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## Other Safety Findings

### ADR Incidence Table

An overall adverse experience (AE) table was prepared by combining the results from the individual pivotal clinical studies 96-002 and 97-006 (Table 69). The table presents the number of patients reporting a particular AE. In order to be included in the table, the AE had to be reported by two or more patients in either arm of the study in either of the two pivotal studies. The denominators used for the table represent the total number of patients evaluable for safety by treatment group from the combined data from studies 96-002 and 97-006. Table 69 includes all adverse events regardless of causality.

An overall adverse drug reaction (ADR) table for ADRs associated with study drug was prepared by tabulating the number of patients reporting a particular AE from either study judged by the investigator to be related to study drug (Table 70). Drug related AEs includes those AEs judged by the investigator to be possibly, probably, or highly probably related to study drug.

(The tables are on the following pages)

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Table 69. Adverse Experiences by Treatment for Studies 96-002 and 97-006 (combined), All Causality

Adverse Experience	Treatment Group			
	1200 mg Vaginal (N=272)		MONISTAT®7 Vaginal Cream (N=265)	
	n	%	n	%
<b>Genital Reproductive System</b>				
Burning, female genitalia	71	26.1	63	23.8
Irritation, female genitalia	55	20.2	41	15.5
Pruritus, external female genitalia	52	19.1	71	26.8
Discharge, female genitalia	28	10.3	12	4.5
Erythema, female genitalia	13	5.5	13	4.9
Dysmenorrhea	9	3.3	12	4.5
Edema, female genitalia	9	3.3	8	3.0
Pain, female genitalia	6	2.2	1	0.4
Excoriation/Abrasion female genitalia	3	1.1	6	2.3
Vaginitis	2	0.7	6	2.3
Metrorrhagia	2	0.7	3	1.1
Odor, female genitalia	2	0.7	0	0.0
<b>Nervous System</b>				
Headache	48	17.6	50	18.9
Insomnia	6	2.2	1	0.4
<b>Respiratory System</b>				
Upper respiratory infection	13	5.5	9	3.4
Pharyngitis	11	4.0	7	2.6
Sinusitis	6	2.2	2	0.8
Cough	3	1.1	4	1.5
Congestion, respiratory	3	1.1	4	1.5
Laryngitis	1	0.4	3	1.1
<b>Gastrointestinal System</b>				
Cramps, GI	13	5.5	6	2.3
Nausea	7	2.6	4	1.5
Flatulence	4	1.5	0	0.0
Diarrhea	2	0.7	4	1.5
Pain, gastrointestinal	2	0.7	2	0.8
Dyspepsia	2	0.7	2	0.8
Dry mouth	2	0.7	1	0.4
<b>Urinary System</b>				
Urinary tract infection*	10	3.7	4	1.5
Dysuria	6	2.2	5	1.9
<b>Body as a Whole</b>				
Pain, trunk	5	1.8	9	3.4
Infection, viral	4	1.5	4	1.5
Pain, abdominal	2	0.7	5	1.9
Pyrexia	1	0.4	2	0.8
<b>Skin and Subcutaneous Tissue</b>				
Rash	3	1.1	3	1.1
Irritation, skin subcutaneous	2	0.7	2	0.8
<b>Special Senses</b>				
Otalgia	3	1.1	2	0.8
Edema, eye	2	0.7	0	0.0
Pruritus, eye	2	0.7	0	0.0
<b>Cardiovascular System</b>				
Headache, migraine	2	0.7	2	0.8
Edema, cardiovascular system	2	0.7	1	0.4
Vasodilatation, cardiovascular system	2	0.7	1	0.4
<b>Musculoskeletal System</b>				
Strain or sprain, musculoskeletal	2	0.7	0	0.0

(Source of data for Table 69 is Appendices 7&8 for studies 96-002 and 97-006, pp. 11-00637 to 11-000713, and 11-002060 to 11-002130)

\* figures are for urinary tract infection rates as revised by the MO, see pages 45 and 69 of this report.

Table 70. Drug-Related Adverse Experiences by Treatment for Studies 96-002 and 97-006 Combined

Adverse Experience	Treatment Group			
	1200 mg Vaginal [REDACTED] (N = 272)		MONISTAT <sup>®</sup> 7 Vaginal Cream (N = 265)	
	n	%	n	%
<b>Genital Reproductive System</b>				
Burning, female genitalia	48	17.6	49	18.5
Irritation, female genitalia	33	12.1	29	10.9
Pruritus, external female genitalia	32	11.8	45	17.0
Discharge, female genitalia	11	4.0	2	0.8
Edema, female genitalia	3	1.1	3	1.1
Pain, female genitalia	3	1.1	1	0.4
Erythema, female genitalia	2	0.7	3	1.1
Tenderness, Female Genitalia	1	0.0	0	0.0
Dyspareunia	0	0.0	1	0.4
<b>Gastrointestinal System</b>				
Cramps, GI	5	1.8	0	0.0
Nausea	3	1.1	0	0.0
Dry mouth	1	0.4	1	0.4
Flatulence	1	0.4	0	0.0
Pain, gastrointestinal	1	0.4	0	0.0
<b>Nervous System</b>				
Headache	4	1.5	1	0.4
<b>Urinary System</b>				
Dysuria	2	0.7	1	0.4
Urethritis	0	0.0	1	0.4
<b>Skin and Subcutaneous Tissue</b>				
Rash	1	0.4	1	0.4
Irritation, skin subcutaneous	1	0.4	1	0.4
Urticaria	1	0.4	0	0.0
Skin reaction, medication site	0	0.0	1	0.4
<b>Cardiovascular System</b>				
Edema	1	0.4	1	0.4
Vasodilatation	1	0.4	0	0.0
<b>Special Senses</b>				
Pruritus, eye	1	0.4	1	0.4
Edema, eye	1	0.4	0	0.0
<b>Body as a Whole</b>				
Pain, abdominal	1	0.4	0	0.0
<b>Allergy</b>				
Allergy, NOS	1	0.4	0	0.0

(Source of data for Table 70 is Appendix 7 for studies 96-002 and 97-006, pp. 11-00637 to 11-000713, and 11-002060 to 11-002130)

### Laboratory Findings, Vital Signs, ECGs

Hematology, serum chemistry, urinalysis, and vital signs were monitored in study 97-007, the pharmacokinetic study of drug absorption with the 1200 mg vaginal [REDACTED]. No clinically significant changes in the monitored parameters were reported.

### Special Studies

No special studies were performed.

### Drug-Demographic Interactions

The Applicant examined the distribution of cure rates by age and race and found no significant differences in the distribution of cure rates by age or race.

### Drug-Disease Interactions

No drug-disease interactions were reported during these studies.

### Drug-Drug Interactions

No studies of drug-drug interactions were performed. No specific problems with regards to drug-drug interactions were apparent from the adverse event data.

### Withdrawal Phenomena/Abuse Potential

There is no evidence of withdrawal phenomena or abuse potential.

### Human Reproduction Data

Data is not available on human reproduction.

### Safety Conclusions

The data support the safety of the MONISTAT® DUAL-PAK® in the treatment of VVC. The rates and distribution of adverse events from the two pivotal clinical trials (96-002 & 97-006) with regards to severity and type are similar between the MONISTAT® DUAL-PAK® and its comparator, the approved OTC product MONISTAT®7 Vaginal Cream. The pharmacokinetics study supports that the levels of miconazole nitrate absorbed with the 1200 mg soft gel vaginal insert are comparable to the levels achieved with the approved OTC product MONISTAT®3 (200 mg cream). The safety data from the two pivotal clinical trials and the pharmacokinetics study provide sufficient evidence supporting the safe use of MONISTAT® DUAL-PAK®.

### 11. Resistance

Mycological isolates were not speciated nor were tests of *in vitro* drug susceptibility performed during the pivotal clinical trials in this NDA.

## 12. Labeling Recommendations

Only the sections of the label that require comment will be discussed below. The sections of the label not discussed below have been reviewed by the MO and are acceptable.

### Physician Package Insert

#### CLINICAL PHARMACOLOGY

In the Human Pharmacology subsection, the label states that the overall systemic exposure to drug is similar to MONISTAT®7.

**MO Comment:** The data presented in Study 97-007 demonstrate that the systemic drug exposure is similar to the exposure produced by MONISTAT®3. Please see Dr. Phil Colangelo's Biopharmaceutics review for further comment and recommendations on this issue.

#### CLINICAL STUDIES

The label includes a CLINICAL STUDIES section that includes a statement that use of the MONISTAT® DUAL-PAK® resulted in an earlier time to relief of symptoms in a higher proportion of patients than with the 7-day product.

**MO Comment:** The label makes a superiority claim based on *post-hoc* analysis of data. The time to relief of symptoms endpoint was not defined in the protocol. The finding cited is one of multiple endpoints analyzed and therefore the multiple comparisons involved may result in an elevated type I error. The study was not designed to make such an assessment. In addition patients were not blinded to therapy, increasing the chance of a reporting bias. Before such a claim of superiority is made a study designed appropriately to address this issue should be conducted. The section regarding time to relief of symptoms should be eliminated.

The remainder of the information in the CLINICAL STUDIES section does not warrant a CLINICAL STUDIES section.

**MO Comment:** Please also see the Statistical Reviewer's comments on the data presented regarding the time to relief of symptoms endpoint.

**MO Recommendation:** Eliminate the CLINICAL STUDIES section of the label.

### INDICATIONS AND USAGE

The INDICATIONS AND USAGE section contains the phrase

**DRAFT LABELING**

**MO Comment:** The MO recommends that separate genus and species should be used for both organisms.

**MO Recommendation:** Change the name of the organisms within the parentheses to *Trichomonas vaginalis* and *Haemophilus vaginalis*.

### WARNINGS

The section states that latex products may be affected by the components of the vaginal insert and that concurrent use of vaginal contraceptive diaphragms or condoms is not recommended.

**MO Comment:** The external vulvar cream could also come in contact with and affect latex products and should be included in the warning statement above.

**MO Recommendation:** Include the external vaginal cream in the warning statement along with the vaginal insert.

### PRECAUTIONS

#### Information for Patients

**MO Comment:** The proposed labeling does not contain an Information for Patients subsection in the PRECAUTIONS section.

**MO Recommendation:** An Information for Patients subsection should be added that states that patients should be instructed not to use intravaginal products during treatment with MONISTAT® DUAL-PAK®. Suggested labeling is as follows:

**DRAFT LABELING**

### Pregnancy

The Pregnancy subsection contains information on the results of animal studies in causing embryo and feto-toxic effects.

**MO Comment:** Please see the Dr. Owen McMaster's Pharmacology and Toxicology Review for recommendations regarding the Pregnancy subsection.

### Pediatric Use

The Pediatric Use subsection in the revised labeling submitted on April 19, 1999 is acceptable.

### Geriatric Use

The language used in the Geriatric Use subsection in the revised labeling dated April 19, 1999 is adapted from the required labeling described in 21 CFR 201.57 (f) (10) (ii) (B) which is intended for use in those situations when sufficient numbers of elderly subjects have been studied to make it likely that differences in safety and effectiveness could be detected if present.

**MO Comment:** The clinical studies described in this application do not provide a sufficient number of patients to be able to conclude that there are no differences in safety and effectiveness for geriatric patients. CDER's *Draft Guidance for Industry: Content and Format for Geriatric Labeling* provides the guidance that labeling consistent with 21 CFR 201.57 (f) (10) (ii) (A) should be used when fewer than 100 geriatric subjects have been studied.

**MO Recommendation:** The applicant should use the required labeling statement for the Geriatric Use subsection as described in section 21 CFR 201.57 (f) (10) (ii) (A). Because the MONISTAT® DUAL-PAK comes in only one dosage and no other reported clinical experience assessing the product in elderly patients is presented within NDA 20,968, the MO recommends using the following statement in the Geriatric Use subsection:

DRAFT LABELING

### ADVERSE REACTIONS

The label provides a description of the frequently reported adverse effects of all causes (e.g. not related, unlikely related, possibly related,

probably related, and highly probably related) and the rates for treatment related study discontinuation.

**MO Comment/Recommendation:** The MO recommends that the sponsor describe the adverse reactions that are reasonably associated with the MONISTAT<sup>®</sup> DUAL-PAK (adverse effects that are possibly related, probably related, and highly probably related) (21 CFR 201.57 (g)). Frequent reasonably associated adverse reactions (drug related AE's occurring with rates  $\geq 1\%$ ) should be presented in tabular format by body system in decreasing order of frequency. Drug-related adverse reactions occurring with a frequency of less than 1% should be listed in sentence form in the ADVERSE REACTIONS section. The suggested addition to the section is a Table (such as Table 71) and a listing of the infrequent adverse reactions (<1%) in sentence form as follows:

In controlled clinical studies, 272 patients with vulvovaginal candidiasis were treated with a single dose of MONISTAT<sup>®</sup> DUAL-PAK<sup>®</sup>. MONISTAT<sup>®</sup> DUAL-PAK<sup>®</sup> reactions most frequently involved the genital area:

Table 71. Drug-Related Adverse Reactions (frequency  $\geq 1\%$ ) in Clinical Studies

Adverse Experience	Treatment Group			
	MONISTAT <sup>®</sup> DUAL-PAK <sup>®</sup> (N = 272)		MONISTAT <sup>®</sup> Vaginal Cream (N = 265)	
	n	%	n	%
<b>Genital Reproductive System</b>				
Burning, female genitalia	48	18	49	18
Irritation, female genitalia	33	12	29	11
Pruritus, external female genitalia	32	12	45	17
Discharge, female genitalia	11	4	2	1
Edema, female genitalia	3	1	3	1
Pain, female genitalia	3	1	1	<1
<b>Gastrointestinal System</b>				
Cramps, GI	5	2	0	0
Nausea	3	1	0	0
<b>Nervous System</b>				
Headache	4	1	1	<1

MONISTAT<sup>®</sup> DUAL-PAK<sup>®</sup> drug related adverse events with a frequency <1% in clinical trials included, genital erythema, vaginal tenderness, dysuria, allergic reaction, dry mouth, flatulence, perianal burning, pelvic cramping, rash, urticaria, skin irritation, periorbital edema, and conjunctival pruritus.

**Patient Package Insert**

**MO Comment/Recommendation:** The MO recommends that the words **DRAFT LABELING** be removed from the Patient Package Insert. First, convenience is a value judgement specific to the user of the product. Second, MONISTAT® DUAL-PAK® is a combination product with a single use vaginal insert and an external vulvar cream for use as needed twice daily for up to 7 days.

**MO Comment/Recommendation:** The MO recommends that the phrase **DRAFT LABELING** be removed from the Patient Package Insert for this product seeking approval for prescription use. Given that this product is for prescription use, the aforementioned phrase appears promotional in nature.

**MO Comment/Recommendation:** Similarly to the Physician Package Insert, the MO recommends that the external vulvar cream be included in the warning statement that the product may damage diaphragms or condoms. Suggested wording is as follows:

**DRAFT LABELING**

**MO Comment/Recommendation:** The MO recommends that the Applicant further define the term "during therapy" as used above. If information is available that will allow a more explicit estimate of how long a patient should wait before using condoms or diaphragms, inclusion of such information would be valuable.

**MO Comment/Recommendation:** In the WARNINGS section of the Patient Package Insert, patients are instructed not to use tampons, douches, or spermicides while using this medication. A specified time period should be stated during which patients should be instructed to avoid using these intravaginal products. The use of the term "while using this medication" does not clearly define a period of time.

**MO Comment/Recommendation:** The MO recommends that the following items be added to the WARNINGS section of the Patient Package Insert.

DRAFT LABELING



The above recommended addition to the WARNINGS section includes items that are part of the WARNINGS section from the CDER's *Draft Guidance for Industry, Labeling Guidance for OTC Topical Drug Products for the Treatment of Vaginal Yeast Infections (Vulvovaginal Candidiasis)*.

**MO Comment/Recommendation:** The MO recommends that the Patient Package Insert contain additional information on when a patient would expect to experience relief of her symptoms. Recommended language for this section is as follows:

DRAFT LABELING



**MO Comment/Recommendation:** The MO recommends that the Patient Package Insert contain additional information on use of the product during menstruation. The following wording is adapted from CDER's *Draft Guidance for Industry, Labeling Guidance for OTC Topical Drug Products for the Treatment of Vaginal Yeast Infections (Vulvovaginal Candidiasis)*:

DRAFT LABELING



**MO Comment/Recommendation:** The MO recommends that the applicant add the following as an additional item under the "FOR BEST RESULTS" section of the Patient Package Insert:

DRAFT LABELING

This statement is in accordance with the "How Can I Get Best Results When Treating My Infection?" section of CDER's *Draft Guidance for Industry, Labeling Guidance for OTC Topical Drug Products for the Treatment of Vaginal Yeast Infections (Vulvovaginal Candidiasis)*.

**MO Comment/Recommendation:** The MO recommends that the applicant add an additional section to the Patient Package Insert that describes commonly encountered drug related adverse reactions ("side-effects"). The suggested content of such a section is as follows:

DRAFT LABELING

This section is modeled after the "What Side Effects May Occur with Fungistat-X?" section of the CDER's *Draft Guidance for Industry, Labeling Guidance for OTC Topical Drug Products for the Treatment of Vaginal Yeast Infections (Vulvovaginal Candidiasis)*.

#### Trade Carton

**MO Comment/Recommendation:** The MO recommends that the words "Convenient 1-Dose Treatment" be removed from the Patient Package Insert. First, convenience is a value judgement specific to the user of the product. Second, MONISTAT® DUAL-PAK® is a combination product with a single use vaginal insert and an external vulvar cream for use as needed twice daily for up to 7 days.

**MO Comment/Recommendation:** Given that this application is for a prescription product, the MO recommends removing the phrase on the Trade Carton

DRAFT LABELING

This

statement appears promotional in tone on this product being considered for prescription use.

**Blister: Peel-Back Cover**

**MO Comment/Recommendation:** The MO recommends that the words **DRAFT LABELING** be added to the blister pack peel-back cover for the vaginal insert.

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### 13. Recommendations

The data presented for the MONISTAT<sup>®</sup> DUAL-PAK<sup>®</sup> is sufficient to support the safety and efficacy of this agent for the treatment of vulvovaginal candidiasis. In addition there is considerable foreign marketing experience with the product and no indication of serious adverse experiences associated with the product. The data presented support that the safety and efficacy for the MONISTAT<sup>®</sup> DUAL-PAK<sup>®</sup> is similar to its comparator in these studies, MONISTAT<sup>®</sup>7 (a product approved for OTC use). Therefore, the Medical Officer recommends approval of the MONISTAT<sup>®</sup> DUAL-PAK<sup>®</sup> as a prescription use product for the treatment of vulvovaginal candidiasis.

#### Phase 4 Studies

No Phase 4 studies are recommended.

#### Labeling Changes

The recommended labeling changes are provided in section 12 in the Medical Officer comments and recommendations for each of the sections of the label where changes are suggested.

APPEARS THIS WAY ON ORIGINAL

/SI [redacted] 6/17/99

Edward M. Cox, Jr., M.D.  
Reviewing Medical Officer/HFD-590

- cc: Division File
- NDA 20-968
- HFD-590/DepDir/RAlbrecht
- HFD-590/MTL/BLeissa/SI 6/18/99
- HFD-590/MO/ECox
- HFD-590/PharmTox/OMcMaster
- HFD-590/Micro/LGosey
- HFD-590/Chem/DMatecka
- HFD-590/CSO/CChi
- HFD-880/BioPharm/PColangelo
- HFD-725/Stat/CDixon
- HFD-40/SpearmonJ

Concurrence Only:  
 HFD-590/DivDir/MGoldberger 6/29/99  
 /SI [redacted]

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DFS Keywords

Admin: review  
 Study type: study clin control active, bph PK single dose, bph PK multi dose  
 Drug class: class antifungal, class topical anti-infectives  
 Indication: indic candidiasis vulvovaginal  
 Special populations: pop adult