CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

21-042 / S-001

Trade Name: Vioxx

Generic Name: Rofecoxib

Sponsor: Merck & Co

Approval Date: February 25, 2000
## Reviews / Information Included in this NDA Review.

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<thead>
<tr>
<th>Review/Information</th>
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<td>Approval Letter</td>
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<td>Cross Discipline Team Leader Review</td>
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<tr>
<td>Medical Review(s)</td>
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<tr>
<td>Chemistry Review(s)</td>
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<tr>
<td>Environmental Assessment</td>
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<td>Pharmacology Review(s)</td>
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<tr>
<td>Clinical Pharmacology/Biopharmaceutics Review(s)</td>
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<td>Risk Assessment and Risk Mitigation Review(s)</td>
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<tr>
<td>Proprietary Name Review(s)</td>
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<tr>
<td>Administrative/Correspondence Document(s)</td>
<td></td>
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</tbody>
</table>
APPLICATION NUMBER:
21-042 / S-001

APPROVAL LETTER
Merck Research Laboratories  
Attention: Eric A. Floyd, Ph.D.  
Associate Director, Regulatory Affairs  
Sumneytown Pike  
P.O. Box 4, BLA-20  
West Point, Pennsylvania 19486  

Dear Dr. Floyd:  

Please refer to your supplemental new drug application dated July 15, 1999; received July 16, 1999, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Vioxx™ (rofecoxib tablets) 12.5 mg, 25 mg and 50 mg.

We acknowledge receipt of your submissions dated August 23 and November 19, 1999; January 20, February 4, 11, 18, and 25, 2000. Your submission of November 19, 1999 constituted a complete response to our November 16, 1999 action letter.

This supplemental new drug application provides for adding an additional tablet size of 50 mg.

We have completed the review of this supplemental application and it is approved.

We remind you of your Phase 4 commitments specified in your submission dated February 25, 2000 listed below.

[Blank]

In addition, we have the following recommendation. The statistical criterion only provides information for reproducibility of the method but not the ability of discrimination. Final selection of the dissolution method will be based on full dissolution data set to be submitted.

Protocols, data, and final reports should be submitted to your IND for this product and a copy of the cover letter sent to this NDA. If an IND is not required to meet your Phase 4 commitments, please submit protocols, data and final reports to this NDA as
correspondence. In addition, under 21 CFR 314.82(b)(2)(vii), we request that you include a status summary of each commitment in your annual report to this NDA. The status summary should include the number of patients entered in each study, expected completion and submission dates, and any changes in plans since the last annual report. For administrative purposes, all submissions, including labeling supplements, relating to these Phase 4 commitments must be clearly designated "Phase 4 Commitments."

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, call Leslie Vaccari, Acting Chief Project Management, at (301) 827-2538.

Sincerely,

[Signature]

Karen Midhun, M.D.
Director
Division of Anti-Inflammatory, Analgesic and Ophthalmic Drug Products
Office of Drug Evaluation V
Center for Drug Evaluation and Research
cc:
Archival NDA 21-042/S-001
HFD-550/Div. Files
HFD-550/L.Vaccari
HFD-550/BHo
HFD-550/MZarifa
HFD-550/DBashaw
HFD-550/KMidthun
HFD-095/DDMS-IMT
HFD-830/DNDC Division Director
DISTRICT OFFICE

Drafted by: lav/February 25, 2000
Initialed by:  BHo(Chemist)/2-25-00
MZarifa (Chemistry Team Leader)/2-25-00
DBashaw (Biopharm Team Leader)/2-25-00
KMidthun (DD)/2-25-00

final:
filename: 21042S01

APPROVAL (AP)  (with Phase 4 Commitments)
APPLICATION NUMBER:
21-042 / S-001

APPROVABLE LETTER
Merck Research Laboratories  
Attention: Eric A. Floyd, Ph.D.  
Associate Director, Regulatory Affairs  
Sumneytown Pike  
P.O. Box 4, BLA-20  
West Point, Pennsylvania 19486

Dear Dr. Floyd:

Please refer to your supplemental new drug application dated July 15, 1999, received July 16, 1999, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Vioxx (rofecoxib tablets) Tablets, 12.5 mg and 25 mg.

We acknowledge receipt of your submission dated August 23, 1999.

This supplement proposes adding a 50 mg tablet.

We have completed the review of this application as amended, and it is approvable. Before this application may be approved, however, it will be necessary for you to address the following:

1. The following comment pertains to your proposed change of paddle speed from ___ to the dissolution testing of the 50 mg tablet:

   Based on your criteria #4, dissolution rates with paddle speed at ___ minutes or ___ minutes are more sensitive to non-significant changes in the manufacturing process than the ___ minutes dissolution data with paddle speed at ___ are not significant and that the test is too sensitive to minor differences present in the manufacturing process.

2. The stability testing of the drug product packaged in blisters ___ and physician samples ___ does not include 3 and 9 month time points. The testing for these packaging systems at ___ was carried out to include a 3 month time point.

   Please provide justification for exclusion of these time points from the stability testing.

3. We remind you that the stability testing of the drug product packaged in ___ should be performed using samples from the same bottle (that used at t=0) at each time point. This is to assure in-use stability of the drug product.
4. In reviewing the dissolution rates for the three batches submitted (nos. MR-3428, 837-40 and 837-45) it appeared that the dissolution rates for batch 837-45 were slightly higher than those for batches 837-40 and MR-3428, regardless of the container/closure system in which they were stored. Please clarify.

In addition, it will be necessary for you to submit final printed labeling (FPL) for the drug. The labeling should be identical in content to the submitted draft labeling (package insert submitted July 15, 1999).

In addition, all previous revisions as reflected in the most recently approved labeling must be included. To facilitate review of your submission, please provide a highlighted or marked-up copy that shows the changes that are being made.

Please submit 20 copies of the final printed labeling, ten of which are individually mounted on heavy weight paper or similar material.

If additional information relating to the safety or effectiveness of this drug becomes available, revision of the labeling may be required.

Within 10 days after the date of this letter, you are required to amend the supplemental application, notify us of your intent to file an amendment, or follow one of your other options under 21 CFR 314.110. In the absence of any such action FDA may proceed to withdraw the application. Any amendment should respond to all the deficiencies listed. We will not process a partial reply as a major amendment nor will the review clock be reactivated until all deficiencies have been addressed.

This product may be considered to be misbranded under the Federal Food, Drug, and Cosmetic Act if it is marketed with this change prior to approval of this supplemental application.

If you have any questions, contact Sandra N. Cook, Project Manager, at (301) 827-2090.

Sincerely,

Karen Midthun, M.D.
Acting Director
Division of Anti-Inflammatory, Analgesic and Ophthalmic Drug Products
Office of Drug Evaluation V
Center for Drug Evaluation and Research

11/16/99
cc:
Archival NDA 21-042
HFD-550/Div. Files
HFD-550/S.Cook Am 3 Sc 11/16/99
HFD-550/Mitra/Ho CJ fr Am 11/29/99
HFD-550/Villalba/Hyde
HFD-880/Wang/Bashaw
DISTRICT OFFICE

Drafted by: SNC/November 12, 1999

APPROVABLE (AE)
CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
21-042 / S-001

MEDICAL REVIEW(S)
MEDICAL OFFICER REVIEW

ANTI-INFLAMMATORY, ANALGESIC AND OPHTHALMIC DRUG
PRODUCTS DIVISION -- HFD-550

sNDA 21-042

Submission date (letter): July 15, 1999
Submission type: NDA supplement
Review date: September 29, 1999

Drug name: VIOXX

Applicant
Merck Research Laboratories
phone (610) 397 7788

Pharmacologic category: COX-2 inhibitor
Proposed indications: Management of acute pain.

Dosage form and route: 50 mg oral tablet

Orig NDA # 21042
HFD-550/Div File
HFD-550/PM/Cook
HFD-880/Biopharm/
HFD-550/MO/JHyde
HFD-550/MO/MLVillalba

Maria Lourdes Villalba, M.D., M.O.

John Hyde, M.D., PhD, Acting
Deputy Director DAAODP

VIOXX - sNDA 21042-001 September 1999.
Background and overview

Rofecoxib (VIOXX®), a non-steroidal anti-inflammatory drug with COX-2 selective inhibition activity was approved in May 20, 1999 for the management of acute pain, treatment of the signs and symptoms of osteoarthritis and for the treatment of dysmenorrhea. Approved formulations: VIOXX 12.5 mg and 25 mg tablets and VIOXX 12.5 and 25 mg/5 ml oral formulation. The aim of this supplemental NDA is to provide evidence that two 25 mg tablets are bioequivalent to one 50 mg tablet.

This submission consist of a single study (study # 087) and a revised label.

Study 087

**Design:** Open-label, 2-period, single-dose, crossover study to establish the bioequivalence of 2 tablet strengths of rofecoxib.

**Subjects:** 25 healthy subjects

**Treatment:** Two 25 mg tablets or one 50 mg tablet, single dose, with a minimum of 7 days washout between doses. Total duration of the study: 4 weeks.

**Endpoints:** PK parameters: AUC, C\text{max} and apparent half life (t ½). Safety parameters.

**Statistical analyses:** ANOVA model.

**Results:**

The rofecoxib AUC geometric mean of the 50 mg tablet and the 2 x 25 mg tablets was 9903 ng.hr/mL and 10416 ng.hr/mL, respectively. Rofecoxib GMR of the 50 mg tablet to the 2 x 25 mg tablets was 0.95 with 90% bounds of (0.92, 0.98).

Similarly, the rofecoxib C\text{max} GM of the 50 mg tablet and the 2 x 25 mg tablets was 411 and 462 ng/mL respectively. The GMR of the 50 mg tablet to the 2 x 25 mg tablets was 0.89 with 90% bounds of (0.81, 0.97).

Since both CI for the AUC and C\text{max} fell within the pre-specified bounds of 0.80 to 1.25, no difference in bioavailability between the 50 mg and the 2 x 25 mg tablets was concluded.

**Safety:** Only one patient discontinued the protocol due to and adverse event: AN 23 was a 65 year old man who presented acute abdominal pain/appendicitis approximately 7 hours after the first dose of rofecoxib 50 mg. He underwent uncomplicated appendectomy and fully recovered. There were two additional adverse events not requiring withdrawal: AN 16 presented mild/transient headache and AN 17 presented mild/transient epigastric discomfort. There were no laboratory adverse experiences. Physical examination, ECG and vital signs were within normal limits.

**Conclusions:**

Rofecoxib 2 x 25 mg tablets and one 50 mg tablet were bioequivalent. There was no clinically meaningful difference in the apparent t ½ of both treatments. The treatment was well tolerated.

The revised label contains minimal editorial changes and adds information about the 50 mg dose. The proposed changes are acceptable.
# Study Site

<table>
<thead>
<tr>
<th>Clinical Site</th>
<th>Analytical Site</th>
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<tr>
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## Study Design

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<tr>
<th>Single Dose</th>
<th>Multiple Dose</th>
<th>Washout Period</th>
<th>Cross-over</th>
<th>Parallel</th>
<th>Other Design</th>
<th>Fasted/Fed</th>
<th>FDA Diet</th>
<th>No. of fasted hrs.</th>
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<tbody>
<tr>
<td>X</td>
<td></td>
<td>7 days</td>
<td>X</td>
<td></td>
<td>Fast</td>
<td></td>
<td></td>
<td>From midnight</td>
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## Subject Category

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<th>Normal Patients</th>
<th>Young</th>
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<th>Hepatic</th>
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<tr>
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## Subject Type

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>Age</td>
<td>Age</td>
</tr>
<tr>
<td>42.7 (28-63) yrs</td>
<td>49.86 (35-63) yrs</td>
</tr>
<tr>
<td>Weight (66.23 – 104.78 kg)</td>
<td>66.23 – 104.78 kg</td>
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</table>

## Subject Treatment Group

<table>
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<th>Group No.</th>
<th>Total No.</th>
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<th>Females</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>12</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>4</td>
<td>8</td>
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</table>

## Treatment Group

<table>
<thead>
<tr>
<th>Treatment Group</th>
<th>Dose</th>
<th>Dosage Form</th>
<th>Strength</th>
<th>Lot #</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2 x 25 mg</td>
<td>MK-0966 25 mg biobatch tablet</td>
<td>25 mg</td>
<td>MR-3426</td>
</tr>
<tr>
<td>2</td>
<td>1 x 50 mg</td>
<td>MK-0966 50 mg biobatch tablet</td>
<td>50 mg</td>
<td>MR-3428</td>
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</table>

## Sampling Times

Plasma: predose and 1, 2, 3, 4, 6, 8, 10, 13, 16, 22, 24, 27, 30, 36, 48, 60, 72, 96, 120 hrs posedose.

Assay Method:  
Assay Sensitivity: LOQ =  
Assay Accuracy: Precision =
CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:
21-042 / S-001

CHEMISTRY REVIEW(S)
<table>
<thead>
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<th>1. Division, HFD-550</th>
<th>2. NDA Number: 21-042</th>
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<tbody>
<tr>
<td>3. Name and Address of Applicant</td>
<td>4. Supplement Number: SE2-001</td>
<td></td>
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<tr>
<td>Merck &amp; Co. Inc., Sumneytown Pike, P O. Box 4, BLA-20, West Point PA 19486</td>
<td>Letter Date 7-15-99</td>
<td>Stamp Date 7-16-99</td>
</tr>
<tr>
<td>7. Supplement Provides for: A new dosage form, 50 mg per tablet</td>
<td>8. Amendment(s): NA</td>
<td></td>
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<tr>
<td>12. Dosage Form: Tablets</td>
<td>13. Potency(ies), 12.5, 25 &amp; 50 mg</td>
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<tr>
<td>14. Chemical Name and Structure:</td>
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<tr>
<td>![Chemical Structure] FORMULA: C₁₇H₁₄O₄S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. W.: 314.36</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Supporting Document: Provided on the following page

16. Comments:

Drug Substance: There are no changes in the drug substance. See NDA 21-042 for details.

Drug Product:

The manufacture and control of the 50 mg tablet have been described in NDA 21-042. Clinical studies were also conducted for the 50 mg tablet. Formulations for 12.5 mg, 25 mg, and 50 mg are proportionally the same except the variations in the amount of the coloring agent. Clinical studies demonstrated bioequivalence of the three formulations containing different amount of.

Packaging systems for commercial distributions of the 50 mg tablet are basically the same as the systems for the 12.5 mg and 25 mg tablets. Satisfactory twenty-four months stability data on 3 batches of the drug product stored in proposed market stems are provided.

The supplement, from the chemistry point of view, is approvable. Deficiencies in this review should be forwarded to the applicant for response.

17. Conclusions and Recommendations: Approvable
18. Name: Bart Ho
   Signature: (Signature)
   Date: November 12, 1999

Review Chemist: Bart Ho
Acting Team Leader: Amit Mitra

15. Supporting Document:

<table>
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<tr>
<th>Type/No.</th>
<th>Subject</th>
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<td>8-18-98</td>
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<td>Adequate</td>
<td>Acceptable*</td>
<td>8-14-98</td>
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<td>8-11-98</td>
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<td>3-17-98</td>
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Information above is from the Chemistry Review #1, NDA 21-042.

cc:
NDA 21-042
HFD-550/Division File
HFD-550/B. Ho
HFD-550/Mitra
HFD-550/Cook
HFD-830/Chen

Doc ID: 21042S01R1.DOC
____22__ Page(s) Withheld

____✓____ Trade Secret / Confidential

_______  Draft Labeling

_______  Deliberative Process
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<th>Chemistry Review #2</th>
<th>1. Division, HFD-550</th>
<th>2. NDA Number: 21-042</th>
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<td>3. Name and Address of Applicant</td>
<td>4. Supplement Number: SE2-001</td>
<td></td>
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<tr>
<td>Merck &amp; Co. Inc., Sumneytown Pike, P O. Box 4, BLA-20, West Point PA 19486</td>
<td>Letter Date 11-19-99</td>
<td>Stamp Date 11-23-99</td>
</tr>
<tr>
<td>7. Supplement Provides for: A new strength of 50 mg/tablet</td>
<td>8. Amendment(s): 11-19-99</td>
<td></td>
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<tr>
<td>NSAID</td>
<td>Rx</td>
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<tr>
<td>12. Dosage Form: Tablets</td>
<td>13. Potency(ies), 12.5, 25 &amp; 50 mg</td>
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</tbody>
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14. Chemical Name and Structure:

```
\[
\begin{align*}
&\text{FORMULA: } C_{17}H_{14}O_4S \\
&\text{M. W.: } 314.36
\end{align*}
```

15. Supporting Document: NA

16. Comments:

Firm has provided all responses to FDA review chemist’s comments.

17. Conclusions and Recommendations: The submission is approvable with comment (See page 6 of review notes)

18. Name: Signature: Date

Review Chemist: Bart Ho January 31, 2000

Acting Team Leader: Mona Zarifa

15. Supporting Document: NA
cc:
NDA 21-042
HFD-550/Division File
HFD-550/Wang
HFD-550/B. Ho
HFD-550/Zarifa
HFD-550/Cook
HFD-830/Chen

Doc ID: 21042S01R2.DOC
4 Page(s) Withheld

✓ Trade Secret / Confidential

Draft Labeling

Deliberative Process
**Chemistry Review #3**

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<th>2. NDA Number: 21-042</th>
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<tr>
<td>3. Name and Address of Applicant</td>
<td>4. Supplement Number: SCS-001</td>
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<tr>
<td>Merck &amp; Co. Inc., Summitown Pike, P O. Box 4, BLA-20, West Point PA 19486</td>
<td>Letter Date 7-15-99, Stamp Date 7-16-99, Due Date 11-16-99</td>
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</tbody>
</table>

**5. Name of Drug:** Vioxx

**6. Nonproprietary Name:** Rofecoxib

**7. Supplement Provides for:**
A new dosage regimen of 50 mg and a new dissolution specification, Q in 15 minutes, or 50 mg tablet.

**8. Amendment(s):**
2/2/00, 2/11/00 and 2/18/00

**9. Pharmacological Category, NSAID**

**10. How Dispensed:** Rx

**11. Related Documents, NA**

**12. Dosage Form:** Tablets

**13. Potency(ies), 12.5, 25 & 50 mg**

**14. Chemical Name and Structure:**

![Chemical Structure]

**Formula:** C\(_{17}\)H\(_{14}\)O\(_4\)S

**M. W.:** 314.36

**15. Supporting Document:** NA

**16. Comments:**
Merck requests to revise the dissolution specifications as follows:
- 12.5 mg and 25 mg tablets: Q 20 minutes to Q n 20 minutes, supplement 4).
- 50 mg tablet: 15 minutes, paddle speed at

We request that Merck r, 12.5 mg, 25 mg, and 50 mg tablets as follows:

Q = 20 minutes, r

Merck responded to the AE letter with a phase IV commitment on 2/11/00 that Merck would perform appropriate validation of the 50 mg methodology and commits to provide to the Agency within four weeks.
Division of BioPharm reviewed Merck's response and found the proposal is adequate. A copy of the review from BioPharm is attached.

Chemistry reviewer concurs with BioPharm’s decision.

**17. Conclusions and Recommendations:** Recommend Approve.

**18. Name:**

**Signature:** Bart Ho

**Date:** February 25, 2000

**Acting Team Leader:** Mona Zarifa

**Date:** 2/29/00
cc: NDA 21-042
HFD-550/Division File
HFD-550/B. Ho
HFD-550/DangW
HFD-550/Zarifa
HFD-550/Cook
HFD-830/Chen

Doc ID: 21042S01R3.DOC
APPLICATION NUMBER:
21-042 / S-001

CLINICAL PHARMACOLOGY AND
BIOPHARMACEUTICS REVIEW(S)
In this supplemental NDA, the sponsor submitted clinical (bioequivalent study) and chemistry (dissolution study) data supporting a labeling change adding 50 mg dose tablet. The bioequivalence trial compared the MK-0966 plasma concentration profiles of the biobatch preparation of two tablet strengths (25 and 50 mg). Although these doses as the 25-mg tablet formulation have been included in Phase III efficacy trials, a direct efficacy comparison of 2 x 25-mg and a single 50-mg tablet had not been made. Demonstration of bioequivalence of these two tablet strengths and adequate dissolution specification for 50 mg tablets would warrant the approval of 50 mg tablets. The dissolution data were submitted to Chemistry and reviewed by Dr. Bartholomew Ho. Dr. Ho and the PK reviewer have had discussions about the proposed dissolution specification. The PK reviewer agrees with Dr. Ho that the proposed dissolution specification is not discriminating enough for quality control purpose. A tighter dissolution specification should be used. The bioequivalent study was reviewed by the PK reviewer and summarized below.

**Bioequivalence Study**

**Study 087.** An Open-Label, 2-Period, Balanced, Single-Dose, Crossover Study in Healthy Subjects to Establish the Bioequivalence of 2 Tablet Strengths of MK-0966

**Study Design:** An open-label, 2-period, balanced, crossover study in 24 healthy subjects. A single dose of 2 x 25-mg tablets or a 50-mg tablet was administered in each of 2 periods. Subjects were randomized to treatment groups according to the allocation schedule. In both periods, blood samples for plasma MK-0966 concentrations were collected at intervals over 120 hours following each dose. There were 7 days between doses of MK-0966. See Appendix 1 for more information.

**Data Analysis:** The MK-0966 pharmacokinetic parameters (e.g., AUC(0-∞), Cmax, Tmax, and apparent t½) were analyzed using an analysis of variance (ANOVA) model. The ANOVA model contained terms for sequence, subject within sequence, treatment and period effects. The log transformation was applied to AUC(0-∞) and Cmax. Similarly, the rank and inverse transformations were applied to Tmax and apparent t½, respectively. Ninety percent CIs, based upon the t-distribution, were generated for the GMR comparison for AUC(0-∞) and Cmax.
Results: The mean plasma concentration-time profiles following 25 and 50 mg MK-0966 tablets are shown in Figure 1. The mean plasma concentration profiles after first 6 hours of dosing are plotted in Figure 2. Summary statistics of AUC and Cmax are listed in Table 1, Tmax and T₁/₂ are listed in Tables 2 and 3, respectively.

![Figure 1](image1)

**Figure 1.**
Mean Plasma Concentration Profiles of MK-0966 Following Administration of 50-mg and 2 x 25-mg Oral Doses of MK-0966

![Figure 2](image2)

**Figure 2.**
Mean plasma concentration profiles of MMK-0966 (0-6 hrs) following 2x25 mg and 1x50 mg oral doses of MK-0966

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Treatment</th>
<th>N</th>
<th>Geometric Mean¹</th>
<th>Median¹</th>
<th>Min, Max¹</th>
<th>Between-Treatment p-Value</th>
<th>Approximate Within-Subject CV (%)²</th>
<th>GMR¹</th>
<th>90% CI¹ for GMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUC (0-∞)</td>
<td>50-mg tablet</td>
<td>24</td>
<td>9903</td>
<td>9855</td>
<td>955, 10300</td>
<td>0.018</td>
<td>6.36</td>
<td>0.95</td>
<td>(0.92, 0.98)</td>
</tr>
<tr>
<td></td>
<td>2 x 25-mg tablets</td>
<td>24</td>
<td>10416</td>
<td>10525</td>
<td>1000, 11000</td>
<td>0.018</td>
<td>6.36</td>
<td>0.95</td>
<td>(0.92, 0.98)</td>
</tr>
<tr>
<td>Cmax</td>
<td>50-mg tablet</td>
<td>24</td>
<td>411</td>
<td>426</td>
<td>390, 440</td>
<td>0.034</td>
<td>18.09</td>
<td>0.89</td>
<td>(0.81, 0.97)</td>
</tr>
<tr>
<td></td>
<td>2 x 25-mg tablets</td>
<td>24</td>
<td>462</td>
<td>480</td>
<td>440, 500</td>
<td>0.034</td>
<td>18.09</td>
<td>0.89</td>
<td>(0.81, 0.97)</td>
</tr>
</tbody>
</table>

¹ Data is back-transformed from the log scale.
² RMSE on the log scale + 100.

Data Source: [2.1]

<table>
<thead>
<tr>
<th>Treatment</th>
<th>N</th>
<th>Median</th>
<th>Arithmetic Mean</th>
<th>Min, Max</th>
<th>Between-Subject SE</th>
<th>Between-Treatment p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-mg tablet</td>
<td>24</td>
<td>4.0</td>
<td>4.25</td>
<td>3.75</td>
<td>0.28</td>
<td>0.681</td>
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<tr>
<td>2 x 25-mg tablets</td>
<td>24</td>
<td>3.5</td>
<td>3.75</td>
<td>3.25</td>
<td>0.29</td>
<td>0.681</td>
</tr>
</tbody>
</table>

Data Source: [2.1]
Table 3.
Summary Statistics for Apparent t\textsubscript{0} (hr) of MK-0966

<table>
<thead>
<tr>
<th>MK-0966 Treatment</th>
<th>N</th>
<th>Harmonic Mean</th>
<th>Median</th>
<th>Min, Max</th>
<th>Jackknife SD</th>
<th>Between-Treatment p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-mg tablet</td>
<td>24</td>
<td>13.2</td>
<td>13.0</td>
<td></td>
<td>/</td>
<td>3.1</td>
</tr>
<tr>
<td>2 x 25-mg tablets</td>
<td>24</td>
<td>12.1</td>
<td>12.8</td>
<td></td>
<td>/</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Data Source: [2.1]

The results indicated that 2 x 25 mg and 1 x 50 mg tablets of MK-0966 are bioequivalent. There is no statistical significant difference in Tmax and T\textsubscript{1/2} between 2 x 25 mg and 1 x 50 mg treatments.

RECOMMENDATION

The applicant has adequately conducted the bioequivalent study. The result demonstrated that 2 x 25 mg and 1 x 50 mg tablets of MK-0966 are bioequivalent.

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