

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**202343Orig1s000**

***Trade Name:*** Juvisync

***Generic  
Name:*** Sitagliptin and Simvastatin

***Sponsor:*** Merck Sharp & Dohme Corp.

***Approval  
Date:*** 10/7/2011

***Indications:*** Juvisync is indicated in patients for whom treatment with both sitagliptin and simvastatin is appropriate.

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**APPROVAL LETTER**



NDA 202343

**NDA APPROVAL**

Merck Sharp & Dohme Corp.  
Attention: Richard J. Swanson, Ph.D.  
Senior Director, Regulatory Affairs  
P.O. Box 1000, UG2C-50  
North Wales, PA 19454-1099

Dear Dr. Swanson:

Please refer to your New Drug Application (NDA) dated December 6, 2010, received December 7, 2010, pursuant to section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for JUVISYNC (sitagliptin and simvastatin fixed-dose combination) Tablets, 100 mg/10mg, 100 mg/20 mg, and 100 mg/40 mg.

We acknowledge receipt of your amendments dated December 16, 2010; and February 16, March 25 and 28, April 5, 27 and 28, June 22 (2) and 27, July 13, August 1 and 18, September 2 (3), 7, 13, 14, 15, 20, and 30, and October 5(2), 2011.

We also acknowledge receipt of your letter submitted October 5, 2011 stating that you commit to submitting by November 30, 2011, a supplemental NDA to 202,343 to register additional doses of JUVISYNC (sitagliptin and simvastatin fixed-dose combination), appropriate for the treatment of patients with type 2 diabetes mellitus with moderate renal impairment (50/10, 50/20, and 50/40 [mg sitagliptin/mg simvastatin]).

This new drug application provides for the use of JUVISYNC (sitagliptin and simvastatin fixed-dose combination) in patients for whom treatment with both sitagliptin and simvastatin is appropriate. Sitagliptin is a dipeptidyl peptidase-4 (DPP-4) inhibitor indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Simvastatin is an HMG-CoA reductase inhibitor (statin) indicated as an adjunctive therapy to diet to:

- Reduce the risk of total mortality by reducing CHD deaths and reduce the risk of non-fatal myocardial infarction, stroke, and the need for revascularization procedures in patients at high risk of coronary events.
- Reduce elevated total-C, LDL-C, Apo B, TG and increase HDL-C in patients with primary hyperlipidemia (heterozygous familial and nonfamilial) and mixed dyslipidemia.
- Reduce elevated TG in patients with hypertriglyceridemia and reduce TG and VLDL-C in patients with primary dysbetalipoproteinemia.

- Reduce total-C and LDL-C in adult patients with homozygous familial hypercholesterolemia.

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

We are waiving the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of prescribing information. This waiver applies to all future supplements containing revised labeling unless we notify you otherwise.

### **CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Content of labeling must be identical to the enclosed labeling (text for the package insert and text for the Medication Guide). Information on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

### **CARTON AND IMMEDIATE CONTAINER LABELS**

Submit final printed carton and container labels that are identical to the enclosed carton and immediate container labels and carton and immediate container labels submitted on September 2 (carton labeling and 7- and 1000- count container labeling) and 20 (30- and 90-count container labeling), 2011, as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry titled “Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008).” Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “**Final Printed Carton and Container Labels for approved NDA 202343.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

### **REQUIRED PEDIATRIC ASSESSMENTS**

We are waiving the pediatric study requirement for this application because this product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients **and** is not likely to be used in a substantial number of pediatric patients.

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