

# Comparison of the Pharmacokinetics of a Novel, Fast-Acting Oral Formulation of Meloxicam, MR-107A-02, versus Mobic® in Healthy Adult Human Subjects

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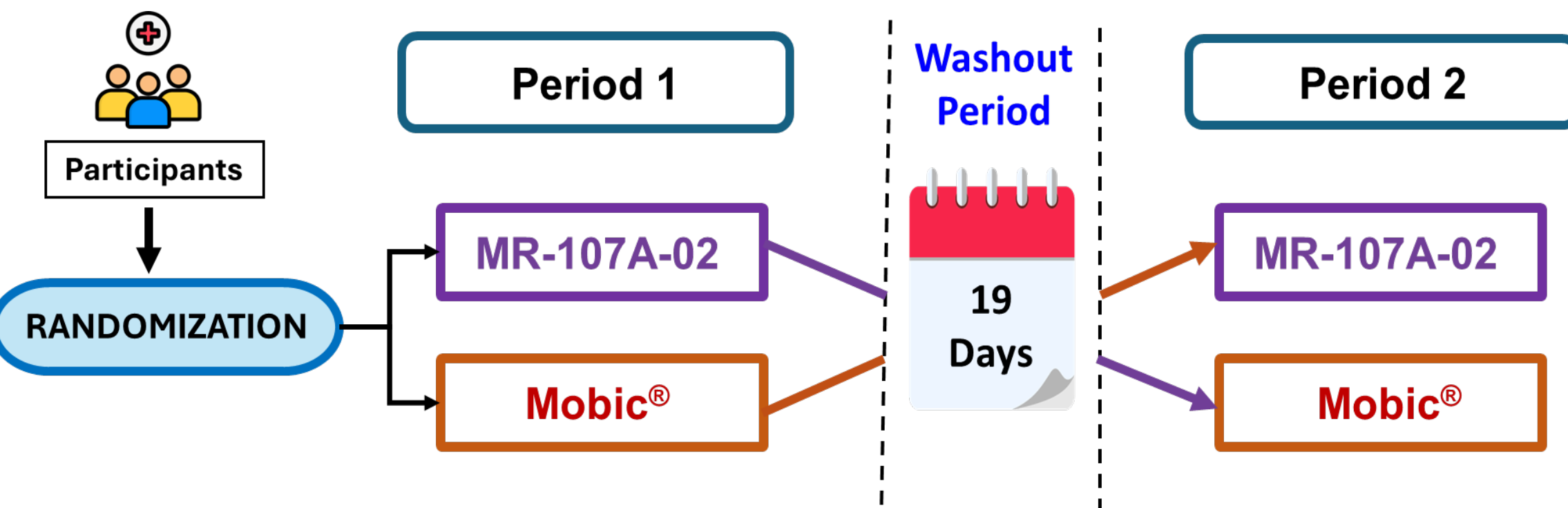
## INTRODUCTION

A novel faster dissolving oral formulation of meloxicam, MR-107A-02, is being developed, to provide a rapid absorption, faster onset of action and safe and effective non-opioid analgesia in acute settings.

This study evaluated the safety, pharmacokinetics (PK) and bioequivalence of MR-107A-02, 15 mg tablets (Viatriis) in comparison with Mobic®, 15 mg tablets (Boehringer Ingelheim, USA), under fasting conditions, in healthy adult human subjects.

## METHODS

Figure 1: Study design



- Study design: Single-dose, randomized, two-period, crossover study (Fig.1).
- Participants: Healthy adult male subjects (n=18), aged 18-45 years, with normal body mass index between 19.0-24.9 kg/m<sup>2</sup>.
- Pharmacokinetic assessments: Blood samples were collected pre-dose and post-dose at different time intervals. PK parameters analyzed were C<sub>max</sub>, AUC<sub>0-1</sub>, AUC<sub>0-2</sub>, T<sub>max</sub>, K<sub>el</sub>, t<sub>1/2</sub>, pAUC (0, 1, 2, 4 and 6-hours). They were evaluated by non-compartmental method using WinNonlin®.
- Statistical analysis: Geometric mean ratio (Test/Reference) and least-squares mean (ANOVA) with 90% confidence interval (CI) to compare PK parameters of 2 formulations.

Table 1: Summary meloxicam pharmacokinetic parameters

| PK parameter                       | MR-107A-02 (Test) (N=16) <sup>a</sup> | Mobic® (Reference) (N=16) <sup>a</sup> |
|------------------------------------|---------------------------------------|----------------------------------------|
| C <sub>max</sub> (ng/mL)           | 2786.07 (20.04)                       | 1611.14 (15.42)                        |
| AUC <sub>t</sub> (ng/mL)*(hr)      | 49700.36 (32.44)                      | 42834.54 (26.23)                       |
| AUC <sub>i</sub> (ng/mL)*(hr)      | 55910.21 (44.27)                      | 48233.47 (36.35)                       |
| pAUC <sub>0-1</sub> (ng/mL)*(hr)   | 1756.78 (22.87)                       | 107.88 (88.61)                         |
| pAUC <sub>0-2</sub> (ng/mL)*(hr)   | 4154.71 (15.66)                       | 630.59 (85.17)                         |
| pAUC <sub>0-4</sub> (ng/mL)*(hr)   | 8374.01 (14.21)                       | 2854.53 (48.70)                        |
| pAUC <sub>0-6</sub> (ng/mL)*(hr)   | 11736.66 (14.33)                      | 5607.48 (26.78)                        |
| K <sub>el</sub> (1/hr)             | 0.04 (34.77)                          | 0.04 (31.48)                           |
| T <sub>1/2</sub> (hr)              | 19.74 (37.65)                         | 19.25 (34.55)                          |
| T <sub>max</sub> (hr) <sup>^</sup> | 0.75 (0.33 - 3.50)                    | 4.00 (2.00 - 8.00)                     |

**Note:** <sup>a</sup>Arithmetic mean (% coefficient of variation).  
<sup>^</sup>Median (range)  
C<sub>max</sub>, maximum observed plasma concentration; AUC<sub>t</sub> and AUC<sub>i</sub>, area under the plasma concentration versus time curve to the last measurable concentration and infinity, respectively; pAUC, partial area under the curve from time zero to time t; T<sub>max</sub>, time of maximum observed plasma concentration; K<sub>el</sub>, elimination rate constant; T<sub>1/2</sub>, apparent terminal elimination half-life.

- Of the 18 subjects enrolled, 16 subjects completed the study; 2 subjects discontinued. Mean (SD) age, 32 (6) years.
- The geometric mean ratio of C<sub>max</sub> for MR-107A-02 vs. Mobic® was 171.74% (90% CI: 159.92-184.44).
- The CI was completely outside the bioequivalence range (80-125%), which indicated significantly higher availability of meloxicam in systemic circulation at an early phase for MR-107A-02 (Table 2).

## RESULTS

Figure 2: Meloxicam mean plasma concentration-time curve over 72 hours

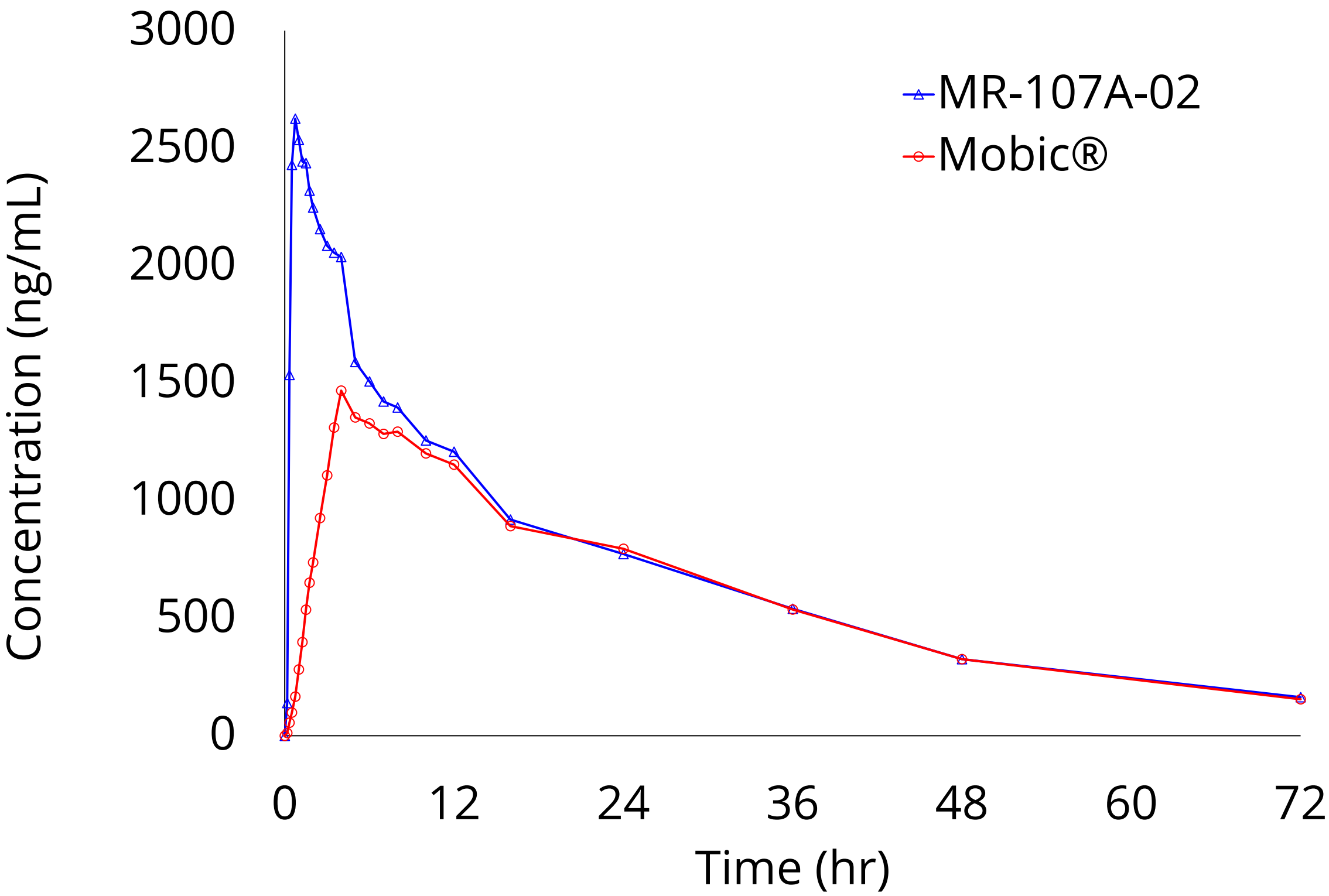


Figure 3: Meloxicam mean plasma concentration-time curve over 6 hours

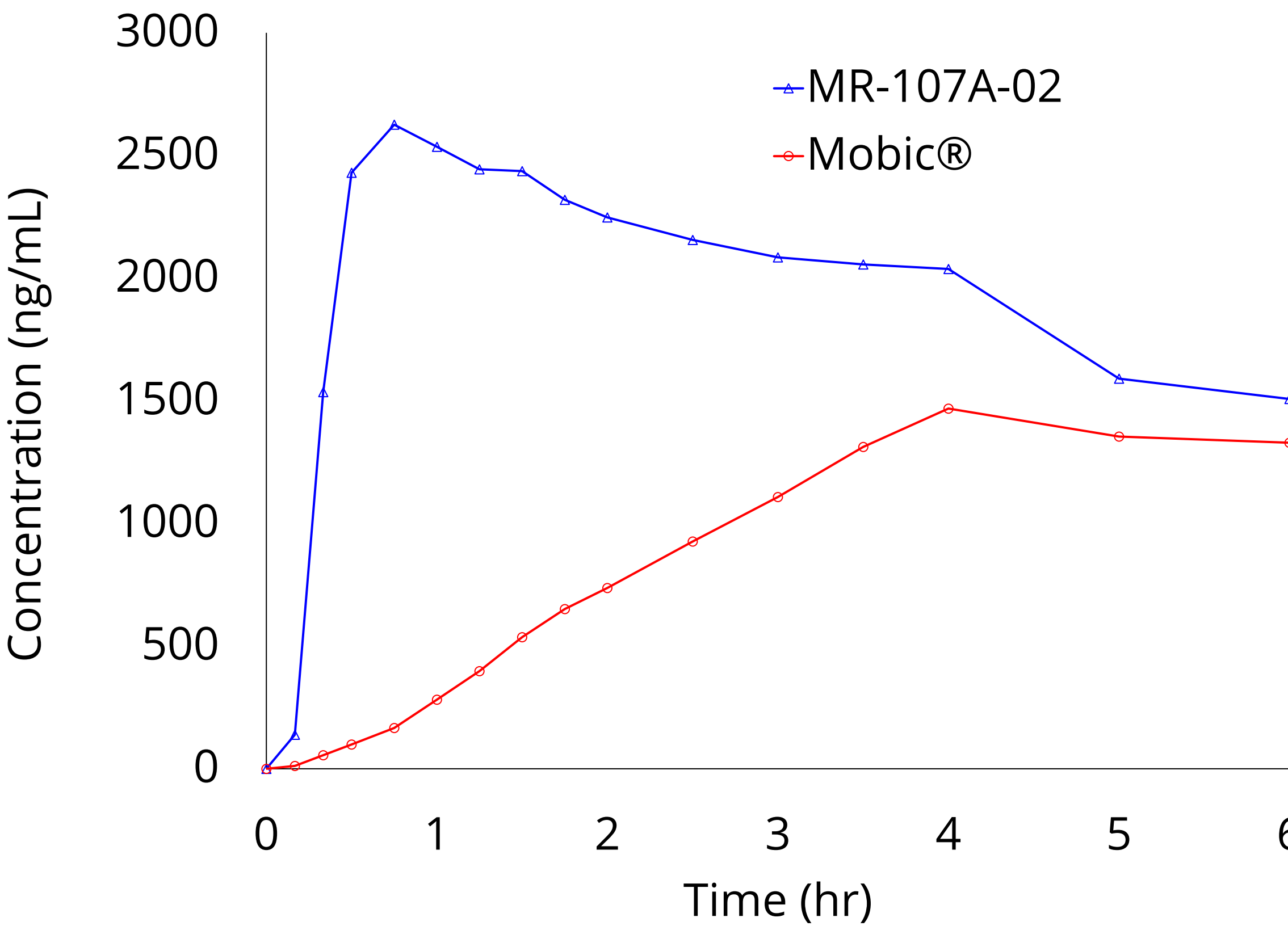


Table 2: Comparison of geometric mean of MR-107A-02 vs. Mobic® tablets

| PK parameter                     | MR-107A-02 (Test) (N=16) <sup>a</sup> | Mobic® (Reference) (N=16) <sup>a</sup> | GMR (Test/Reference) (%) | 90% Confidence Interval |
|----------------------------------|---------------------------------------|----------------------------------------|--------------------------|-------------------------|
| C <sub>max</sub> (ng/mL)         | 2734.34                               | 1592.10                                | 171.74                   | 159.92-184.44           |
| AUC <sub>t</sub> (ng/mL)*(hr)    | 47442.14                              | 41543.87                               | 114.20                   | 109.37-119.24           |
| AUC <sub>i</sub> (ng/mL)*(hr)    | 51878.35                              | 45756.35                               | 113.38                   | 108.02-119.00           |
| pAUC <sub>0-1</sub> (ng/mL)*(hr) | 1710.42                               | 75.50                                  | 2265.44                  | 1587.74-3232.40         |
| pAUC <sub>0-2</sub> (ng/mL)*(hr) | 4103.96                               | 406.80                                 | 1008.84                  | 669.51-1520.15          |
| pAUC <sub>0-4</sub> (ng/mL)*(hr) | 8293.00                               | 2486.70                                | 333.49                   | 266.30-417.64           |
| pAUC <sub>0-6</sub> (ng/mL)*(hr) | 11623.78                              | 5401.74                                | 215.19                   | 190.99-242.44           |

**Note:** <sup>a</sup>acceptance criteria and outcome of bioequivalence result based on natural logarithm (Ln) transformed data for meloxicam. GMR, Geometric mean ratio

- MR-107A-02 demonstrated a rapid absorption compared with Mobic®, indicated by a higher C<sub>max</sub>, higher partial AUCs, and a shorter T<sub>max</sub>.
- No adverse events were reported in the study.

## CONCLUSIONS

MR-107A-02 demonstrated a more rapid absorption than Mobic®, as evidenced by a higher C<sub>max</sub>, higher early pAUCs and shorter T<sub>max</sub> values whereas AUC<sub>t</sub> and AUC<sub>i</sub> remained essentially similar when administered under fasted conditions. These findings highlight the potential utility of oral MR-107A-02 formulation's fast-releasing design to be used in an acute pain setting.

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