Boehringer Ingelheim

Clinical Study Synopsis for Public Disclosure

This clinical study synopsis is provided in line with **Boehringer Ingelheim's *Policy on Transparency and Publication of Clinical Study Data***.

The synopsis - which is part of the clinical study report - had been prepared in accordance with best practice and applicable legal and regulatory requirements at the time of study completion.

The synopsis may include approved and non-approved uses, doses, formulations, treatment regimens and/or age groups; it has not necessarily been submitted to regulatory authorities.

A synopsis is not intended to provide a comprehensive analysis of all data currently available regarding a particular drug. More current information regarding a drug is available in the approved labeling information which may vary from country to country..

Additional information on this study and the drug concerned may be provided upon request based on **Boehringer Ingelheim's Policy on Transparency and Publication of Clinical Study Data**.

Name of Company: Boehringer Ingelheim		**Synopsis**	Boehringer Ingelheim
BI Proprietary Name: Not applicable		**EudraCT No.:** 2013-000298-62	
BI Investigational Product: Deleobuvir (BI 207127) and faldaprevir (BI 201335)		**Page:** 1 of 3	
Report Date: 07 July 2014	**Trial No. / Doc. No.:** 1241.31 / c02329344-01	**Dates of Trial:** 11 Nov 2013 - 28 Jan 2014	**Date of Revision:** Not applicable

Title of Trial:	An open-label, two-period, fixed-sequence, phase I trial to evaluate the effect of multiple doses of BI 207127 + faldaprevir on the multiple-dose pharmacokinetics of a combination of ethinylestradiol and levonorgestrel in healthy premenopausal female subjects This trial was prematurely discontinued because the sponsor terminated further development of the BI 207127 + faldaprevir combination.
Principal Investigator:	[redacted]
Trial Sites:	[redacted] Germany
Publications:	Data from this trial have not been published at the time of this clinical trial report
Clinical Phase:	I
Objectives:	To investigate the effect of multiple oral doses of BI 207127 + faldaprevir on the multiple dose pharmacokinetics of ethinylestradiol and levonorgestrel (Microgynon®)
Methodology:	This was to be an open-label, 2-period, fixed-sequence study. After a run-in period of 28 to 56 days (treatment with Microgynon® once daily for 21 to 49 days, depending on the menstrual cycle, followed by a tablet-free interval of 7 days), subjects were to begin the first (reference) treatment period of Microgynon® alone for 13 days, immediately (without washout) followed by the second (test) treatment period of Microgynon® plus BI 207127 + faldaprevir for 10 days. This trial was prematurely discontinued after the run-in period. The subjects did not enter the reference or test treatment periods.
No. of Subjects:	
Planned:	Entered: 18
Actual:	Entered: 16 Run-in treatment: 1 tablet Microgynon® once daily for 21 to 49 days Entered: 16 Treated: 16 Analysed (for primary endpoint): 0 Microgynon® (reference treatment) and Microgynon® with BI 207127 + faldaprevir (test treatment) Entered: 0 Treated: 0 Analysed (for primary endpoint): 0

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Diagnosis:	Not applicable
Main Criteria for Inclusion:	Healthy premenopausal female subjects, age 18 to 35 years, body mass index 20 to 29.9 kg/m²
BI Investigational Products:	BI 207127 film-coated tablets (not administered) Faldaprevir soft gelatine capsule (not administered)
Dose:	600 mg (3 tablets of 200 mg) twice daily (BI 207127) 120 mg once daily; Day 1 loading dose of 120 mg twice daily (faldaprevir)
Mode of Admin.:	Oral
Batch No.:	Not applicable
Comparator Product:	Microgynon® coated tablets
Dose:	30 µg ethinylestradiol / 150 µg levonorgestrel once daily
Mode of Admin.:	Oral
Batch No.:	22505B
Duration of Treatment:	Run-in period (Microgynon®): 21 to 49 days, depending on menstrual cycle This trial was prematurely discontinued during the run-in period.
Criteria for Evaluation:	
Clinical Pharmacology:	The relative bioavailabilities of ethinylestradiol and levonorgestrel at steady state were to be investigated based on the primary endpoints $AUC_{\tau,ss}$ and $C_{max,ss}$, and $C_{24,ss}$ of each analyte. Since this study was discontinued prematurely, no blood samples for pharmacokinetics were collected and therefore no pharmacokinetic endpoints could be determined.
Safety:	Safety and tolerability were evaluated based on adverse events (AEs), vital signs (blood pressure, pulse rate), 12-lead electrocardiogram, safety laboratory tests (haematology, coagulation, clinical chemistry, and urinalysis), and physical examination.
Statistical Methods:	Descriptive statistics were calculated for AEs.

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SUMMARY - CONCLUSIONS:

Trial Subjects and Compliance with Trial Protocol:

This trial was planned to include 18 healthy premenopausal female subjects. Because this trial was prematurely discontinued during the run-in period, only 16 subjects were entered. During the run-in period, subjects were to receive Microgynon® once daily for 21 to 49 days, depending on the menstrual cycle. One subject reported taking only 20 doses of Microgynon®. All other subjects reported taking 21 to 42 doses of Microgynon®, as planned. The investigational products BI 207127 + faldaprevir were not administered.

The entered set comprised 16 White (100.0%) females. The mean age was 26.5 years (SD 3.7).

Clinical Pharmacology Results:

Since this study was discontinued prematurely, no blood samples for pharmacokinetics were collected and therefore no pharmacokinetic endpoints could be determined.

Safety Results:

During treatment with Microgynon® once daily for 21 to 49 days, 4 of 16 subjects (25.0%) reported AEs. Metrorrhagia was the most frequently reported AE by preferred term (2 out of 16 subjects [12.5%]). No AE led to premature discontinuation of the trial drug. No subjects were reported with investigator defined drug-related AEs. No subjects reported AEs of severe intensity and no subjects were reported with protocol-specified significant AEs or 'other significant AEs' (according to ICH E3). There were no deaths or other serious AEs.

There were no clinically relevant findings in the clinical laboratory evaluation, 12-lead electrocardiogram, or vital signs.

Conclusions:

The trial was prematurely discontinued during the run-in period because the sponsor terminated further development of the BI 207127 + faldaprevir combination. No blood samples for pharmacokinetics were collected and therefore no pharmacokinetic endpoints could be determined. Multiple oral doses of Microgynon® once daily were safe and well tolerated.