

REFERENCES

- Abdou, H. M. Effect of the test parameters on dissolution rate. In: *Dissolution, Bioavailability and Bioequivalence*. (Gennaro, A., Migdalof, B., Hassert, G. L. and Medwick, T., eds.), pp 145-166. Pennsylvania: Mack Printing Company, 1989.
- Al-Jubouri, M. A., Briston, P. G., Sinclair, D. Chinn, R. H. and Young, R. M. Myxoedema revealed by simvastatin induced myopathy. *British Med. J.* 308(1993): 588.
- Arnadottir, M., Eriksson, L-O., Thysell, H. and Karkas, J. D. Plasma concentration profiles of simvastatin 3-hydroxy-3-methylglutaryl-coenzyme A reductase inhibitory activity in kidney transplant recipients with and without cyclosporin. *Nephron* 65(1993): 410-413.
- Benjamin, M. M. *Outline of Veterinary Clinical Pathology* 2nd ed., pp 124-134. Iowa: The Iowa State University Press., 1966.
- Bilheimer, D. W. Long term clinical tolerance of Lovastatin (Mevilonin) and Simvastatin (Epistatin): An overview. *Drug Invest.* 2 Suppl. 2(1990): 58-67.
- Black, D. M., Lamkin, G., Olivera, E. H., Laskarzewski, P. M., Stein, E. A. and The Chirst Hospital Cincinnati. Sleep disturbance and HMG CoA reductase inhibitors. *JAMA* 264(1990): 1105.

- Bocuzzi, S. J., Bocanegra, T. S., Walker, J. F., Shapiro, D. R. and Keegan, M. E. Long term safety and efficacy profile of simvastatin. *Am. J. Cardiol.* 68(1991): 1127-1131.
- Bocuzzi, S. J., Keegan, M. E., Hirsch, L. J., Shapiro, D. R., Plotkin, D. J. and Mitchel, Y. B. Long term experience with simvastatin. *Drug Invest.* 5 (1993): 135-140.
- Bolton, S. *Pharmaceutical Statistics: Practical and clinical applications.* 2 nd ed., pp 210-403. New York: Marcel Dekker, 1990.
- Campana, C., Iacona, I., Regazzi, M. B., Gavazzi, A. Perani, G. Raddato, V., -Montemartini, C. and Vigano, M. Efficacy and pharmacokinetics of simvastatin in heart transplant recipients. *Ann. Pharmacother.* 29 (1995) : 235-239.
- Cheng, H., Rogers, J. D., Sweany, A. E., Dobrinska, M. R., Stein, E. A., Tate, A. C., Amin, R. D. and Quan, H. Influence of age and gender on the plasma profiles of 3-Hydroxy-3-Methylglutaryl-Coenzyme A (HMG-CoA) reductase inhibitory activity following multiple doses of lovastatin and simvastatin. *Pharm. Res.* 9(1992): 1629-1633.
- Cheng, H., Sutton, S. C., Pipkin, J. D., Zentner, G. M., Roger, J. D., Schwartz, J. I., Mitchel, T. B., Grasing, K., Schwartz, M. S., Amin, R. D., Liu, L., Ebel, D. L., Coulter, A., Engle, K. McClelland, G. A., Lui, C. Y. and Rork, G. S. Evaluation of sustained / controlled-release dosage forms of 3-Hydroxy-3-Methylglutaryl-Coenzyme A (HMG-CoA) reductase inhibitors in dogs and humans. *Pharm. Res.* 10(1993):1683-1687.

- Dart, A. M. Managing elevated blood lipid concentrations: Who, When and How?. *Drug* 39(1990): 374-387.
- Douste-Blazy, P., Ribeiro, V. G., Seed, M. and the European study group. comparative study of the efficacy and tolerability of simvastatin and pravastatin in patients with primary hypercholesterolemia. *Drug Invest.* 6(1993): 353-361.
- Duane, W. C., Hunninghake, D. B., Freeman, M. L., Pooler, P. A., Schlasner, L. A. and Gebhard, R. L. Simvastatin, a comparative inhibitor of HMG-CoA reductase, lowers cholesterol saturation index of gallbladder bile. *Hepatology* 8(1988): 1147-1150.
- Duggan, D. E., Chen, I.-W., Bayne, W. F., Halpin, R. A., Duncan, C. A., Schwartz, M. S., Stubbs, R. J. and Vickers, S. The physiological disposition of lovastatin. *Drug Met. Dispos.* 17(1989): 166-173.
- Duggan, G. R. and Vickers, S. Physiological disposition of HMG-CoA reductase inhibitors. *Drug Met. Rev.* 22(1990): 333-362.
- Ellison, D. K., Moore, W. D. and Petts, C. R. Simvastatin. *Analytical Profiles of Drug Substances and Excipients*. pp. 359-388, United State of America: Academic Press, Inc., 1993.
- Erkelens, D. W., Baggen, M. G. A., Van Doormaal, J. J., Kettner, M., Koningsberger, J. C. and Mol, M. J. T. M. Clinical experience with simvastatin compared with cholestyramine. *Drug* 36 suppl.3(1988): 87-92.

- Garcia-Diaz, A. and Phillips, D. T. *Principles of experimental design and analysis*. pp 100-106. London: Chapman and Hall, 1995.
- Garnett, W. R. Interactions with Hydroxymethylglutaryl-Coenzyme A reductase inhibitors. *Am. J. Health-Syst Pharm.* 52(1995): 1639-1645.
- Gaw, A. and Wosornu, D. Simvastatin during wafarin therapy in hyperlipoproteinaemia. *Lancet* 340(1992): 979-980.
- Germershausen, J. I., Hunt, V. M., Bostedor, R. G., Bailey, P. B., Karkas, J. D. and Alberts, A. W. Tissue selectivity of cholesterol-lowering agents Lovastatin, Simvastatin and Pravastatin in rats in vivo. *Biomed. Biophys. Res. Com.* 158(1989): 667-675.
- Gerson, R. J., MacDonald, J. S., Alberts, A. W., Kornbrust, D. J., Majka, J. A., Stubbs, R. J. and Bokelman, D. L. Animal safety and toxicology of Simvastatin and related Hydroxy-Methylglutaryl-Coenzyme A reductase inhibitors. *Am. J. Med.* 87 suppl.4a (1989): 28s-38s.
- Gerudy, S. M. HMG-CoA reductase inhibitors for treatment of hypercholesterolemia. *New England J. Med.* 319(1988): 24-33.
- Ghirlanda, G., Oradei, A., Manto, A., Lippa, S., Ucciolo, L., Caputo, S., Greco, A. V. and Littarru, G. P. Evidence of plasma CoQ10-lowering effect by HMG-CoA reductase inhibitors: A double-blind, placebo-controlled study. *J. Clin. Pharmacol.* 33(1993): 226-229.
- Gurr, M. I. and Harwood, J. L. *Lipid biochemistry: An introduction*. 4th edition, pp. 15 -17. London: St Edmundsbury Press, 1991.

- Henwood, J. M. and Heel, R. C. Lovastatin: a preliminary review of its pharmacodynamic properties and therapeutic use in hyperlipidaemia. *Drug* 36 (1988): 429-454.
- Horton, H. R., Moran, L. A., Ochs, R. S., Rawn, J. D. and Schrimgeour, K. G. *Principles of biochemistry*. United State of America: Nei Patterson Publishers, 1993.
- Hsu, I., Splinler, S. A. and Jonhson, N. E. Comparative evaluation of the safty and efficacy of HMG-CoA reductase inhibitor monotherapy in the treatment of primary hypercholesterolemia. *Ann. Pharmacother.* 29 (1995): 743-759.
- Ishida, F., Watanabe, K., Sato, A., Taguchi, K., Kakubari, K., Kitani, K. and Kamei, T. Comparative effects of simvastatin (MK-733) and pravastatin (CS-514) on hypercholesterolemia induced by cholesterol feeding in rabbits. *Biochem. Biophys. Acta* 1042(1990): 365-373.
- Iwabushi, H., Kitazawa, E., Kobayashi, N., Kanai, M. and Nakamura, K. Studies on drug metabolism using liquid chromatography-mass spectrometry: comparison of three liquid-chromatographic-mass-spectronic interfaces. *Biol. Mass Spectrom.* 23(1994): 540-546.
- Kaufman, M. J. Application of oxygen polarography to drug stability testng and formulation development: Solution-phase oxidation of Hydroxymethylglutaryl Coenzyme A (HMG-CoA) Reductase Inhibitors. *Pharm. Res.* 7(1993): 289-292.

- _____. Rate and equilibrium constants for acid-catalyzed lactone hydrolysis of HMG-CoA reductase inhibitors. *Int. J. Pharm.* 66(1990): 97-106.
- Laaksonen, R., Jokelainen, K., Sahi, T., Tikkanen, M. and Himberg, J.-J. Decrease in serum ubiquinone concentrations do not result in reduced level in muscle tissue during short-term simvastatin treatment in humans. *Clin. Pharmacol. ther.* 57(1995): 62-66.
- Lipid research clinics program. The lipid research clinics coronary primary prevention trial results II. The relationship of reduction in incidence of coronary heart disease to cholesterol lowering. *JAMA.* 251(1984): 365-374.
- Mallat, A., Preaux, A.-M., Blazejewski, S., Dhumeaux, D., Rosenbaum, J. and Mavier, P. Effect of simvastatin, an inhibitor of Hydroxy-methylglutaryl Coenzyme A reductase, on the growth of human Ito cells. *Hepatology* 20(1990): 1589-1594.
- Martin, M. J., Hulley, S. B., Browner, W.S., Kuller, L. H. and Wentworth, D. Serum cholesterol, blood pressure, and mortality: implication from a cohort of 361662 men. *Lancet* (1986):933-936.
- Mauro, V. F. Clinical pharmacokinetics and practical applications of simvastatin. *Clin. Pharmacokinet.* 24(1993): 195-202.

- McClelland, G. A., Stubbs, R. J., Fix, J. A., Pogany, S. A. and Zentner, G. M. Enhancement of 3-Hydroxy-3-Methylglutaryl-Coenzyme A (HMG-CoA) reductase inhibitor efficacy through administration of a controlled-porosity osmotic pump dosage form. *Pharm. Res.* 8(1991): 873-876.
- Mol, M. J. T. M. and Stalenhoef, A. F. H. Adrenocortical function in patients on Simvastatin. *Lancet* 335(1990): 412-413.
- Morris, M. J., Gilbert, J. D., Hsieh, J. Y-K., Matuszewski, B. K., Ramjit, H. G. and Bayne, W. F. Determination of HMG-CoA reductase inhibitors Simvastatin, Lovastatin and Pravastatin in plasma by gas chromatography-chemical ionization mass spectrometry. *Biol. Mass Spectrom.* 22(1993): 1-8.
- Muggeo, M., Travia, D., Querena, M., Zenti, M. G. Bagnani, M. Branzi, P. and Cigolini, M. Long term treatment with Pravastatin, Simvastatin and Gemfibrozil in patients with primary hypercholesterolemia: A controlled study. *Drug Invest.* 4(1992): 376-385.
- Ose, L., Scott, R. and the Simvastatin-Fluvastatin study group. Double-blind comparison of the efficacy and tolerability of Simvastatin and Fluvastatin in patients with primary hypercholesterolemia. *Clin. Drug Invest.* 10(1995): 127-138.
- Pentikainen, P. J., Saraheimo, M., Schwartz, J. I., Amin, R. D., Schwartz, M. S., Brunner-Ferber, F. and Rogers, J. D. Comparative pharmacokinetics of Lovastatin, Simvastatin and Pravastatin in humans. *J. Clin. Pharmacol.* 32(1992): 136-140.

- Phan, T., McLeod, J. G., Pollard, J. D., Peiris, O., Rohan, A. and Halpern, J.-P. Peripheral neuropathy associated with simvastatin. *J. Neurol. Neurosurg. Psychiatry* 58(1995): 625-628.
- Plosker, G. L. and McTavish, D. Simvastatin: a reappraisal of its pharmacology and therapeutic efficacy in hypercholesterolaemia. *Drug* 50(1995): 334-363.
- Saheki, A., Terasaki, T., Tamai, I. and Tsuji, A. In vivo and in vitro blood-brain barrier transport of 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase inhibitors. *Pharm. Res.* 11(1994): 305-311.
- Schuirmann, D. J. A comparison of two one-sided tests procedure and the power approach for assessing the bioequivalence of average bioavailability. *J. Pharmacokinetic. Biopharm.* 15(1987) : 657-680.
- Serajuddin, A. T. M., Ranadive, S. A. and Mohoney, E. M. Relative lipophilicities, solubilities, and structure-pharmacological consideration of 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase inhibitors Pravastatin, Lovastatin, Mevastatin, and Simvastatin. *J. Pharm. Sci.* 80(1991): 830-834.
- Shah, V. P., Midha, K. K., Dighe, S., McGilveray, I. J., Skelly, J. P., Yacobi, A., Layloff, T., Viswanathan, C. T., Cook, C. E., McDowall, R. D., Pittman, K. A. and Spector, S. Analytical methods validation: Bioavailability, bioequivalence and pharmacokinetic studies. *Int. J. Pharm.* 82(1992): 1-7.

- Shepherd, J. Lipoprotein metabolism: an overview. *Drug* 47 suppl.2(1994): 1-10.
- Skerritt, G. C. and McLelland, J. *An introduction to : The fuctional anatomy of the limbs of the domestic animals.* pp.77-152. London: John Wright & Son, 1984.
- Slater, E. E. and MacDonald, J. S. Mechanism of action and biological profile of HMG-CoA reductase inhibitors: a new therapeutic alternative. *Drug* 36 suppl.3 (1988): 72-82.
- Stalenhoef, A. F. H., Mol, M. J. T. M. and Stuyt, P. M. J. Efficacy and tolerability of Simvastatin (MK-733). *Am. J. Med.* 87 suppl.4a(1989): 39s-43s.
- The Simvastatin Pravastatin study group. Comparison of the efficacy, safty and tolerability of Simvastatin and Pravastatin for hypercholesterolemia. *Am. J. Cardiol.* 71(1993): 1408-1414.
- The Unite States Pharmacopoeia 23* . Rockville MD. : United Pharmacopoeial Convention. pp 1924-1938. 1995.
- Takano, T., Abe, S. and Hata, S. A selected ion monitoring method for quantifying simvastatin and its acid form in human plasma, using the ferroceneboronate derivative. *Biomed. Environ. Mass Spectrom.* 19 (1993): 577-581.

- The Simvastatin Pravastatin Study Group. Comparison of the efficacy, safety and tolerability of simvastatin and pravastatin for hypercholesterolemia. *Am. J. Cardiol.* 71(1993): 1408-1414.
- Thompson, G. R. Adverse reaction profile: 10. Simvastatin and Pravastatin. *Prescribers' J.* 33(1993): 217-220.
- Thompson, G. R. Normal and pathological lipoprotein metabolism. *Drug* 36 suppl.3(1988): 51-54.
- Todd, P. A. and Goa, K. L. Simvastatin: a review of its pharmacological properties and therapeutic potential in hypercholesterolaemia. *Drug* 40 (1990): 583-607.
- Uchiyama, N. Kagami, Y. Saitoh, Y. and Othawa, M. Male-specific metabolism of Simvastatin by rat liver microsomes. *Chem. Pharm. Bull.* 39(1991): 236-238.
- Vickers, S., Duncan, C. A., Chen, I-WU, Rosegay, A. and Duggan, D. E. Metabolic deposition studies on Simvastatin, a cholesterol-lowering prodrug. *Drug Met. Dispos.* 18(1990a): 138-145.
- Vickers, S., Duncan, C. A., Vyas, K. P., Kari, P. H., Arison, B., Prakah, S. R., Ramjit, H. G., Pitzemberger, S. M., Stokker, G. and Duggan, D. E. *In vitro* and *in vivo* biotransformation of Simvastatin, an inhibitor of HMG CoA reductase. *Drug met. Dispos.* 18(1990b): 476-483.

- Vyas, K. P., Kari, P. H. and Pitzenberger, S. M. Regioselectivity and stereoselectivity in the metabolism of HMG-CoA reductase inhibitors. *Biochem. Biophys. Res. Com.* 166(1990): 1155-1162.
- Walker, J. F. HMG CoA reductase inhibitors: current clinical experience. *Drug* 36 suppl.3(1988): 83-86.
- Walker, J. F. Simvastatin: the clinical profile. *Am. J. Med.* 87 suppl.4a(1989): 44s- 46s.
- Warren, G. Basic molecular and cell biology: Sorting signals and cellular membrane. *British Med. J.* 295(1987): 1259-1261.
- Weiner, D. L. and Yuh, L. Bioavailability studies. In: *Statistics in the pharmaceutical industry.* (Buncher, C. R. and Tsay, J., eds.) 2 nd ed., revised and expanded. pp. 215-535. New York: Marcel Dekker, 1994.

APPENDICES

APPENDIX A**TEST PRODUCTS**

Table 33 Test products

Brand name	Manufacturer	Mfg. date
A (Zocor [®])	Merck Sharp and Dohm	- (Exp. Jun 00)
B	Locally-made product B	22/05/98
C	Locally-made product C	13/08/96
D	Locally-made product D	07/04/98

Original product = A

APPENDIX B

STANDARD CURVE DETERMINATION

The typical standard curve data for simvastatin in 45% acetonitrile in water, dissolution medium, and total simvastatin hydroxy acid in dog plasma are presented in Table 34 to 36 and Figure 21 to 23 , respectively.

Table 34 Standard curve of simvastatin in 45% acetonitrile in water.

Standard No.	Nominal conc. (mg/ml)	PAR	Inversely estimated conc. ²	% Analytical recovery ³
1	1.96	0.393	1.83	93.33
2	3.92	0.862	4.00	102.15
3	5.88	1.286	5.97	101.57
4	7.84	1.687	7.83	99.92
5	9.80	2.121	9.85	100.50
6	11.76	2.513	11.67	99.23
Mean				99.45
SD				3.18
% C.V. ⁴				3.20

1. $r^2 = 0.999$, $Y = 0.216X + 0.001$ (Y = PAR, X = nominal conc.)

2. Inversely estimated concentration = $\frac{(PAR - 0.001)}{0.216}$

3. % Analytical recovery = $\frac{\text{Inversely estimated concentration}}{\text{Known nominal concentration}} \times 100$

4. % C.V. = $\frac{SD}{Mean} \times 100$

STANDARD CURVE OF SV IN 45% ACETONITRILE

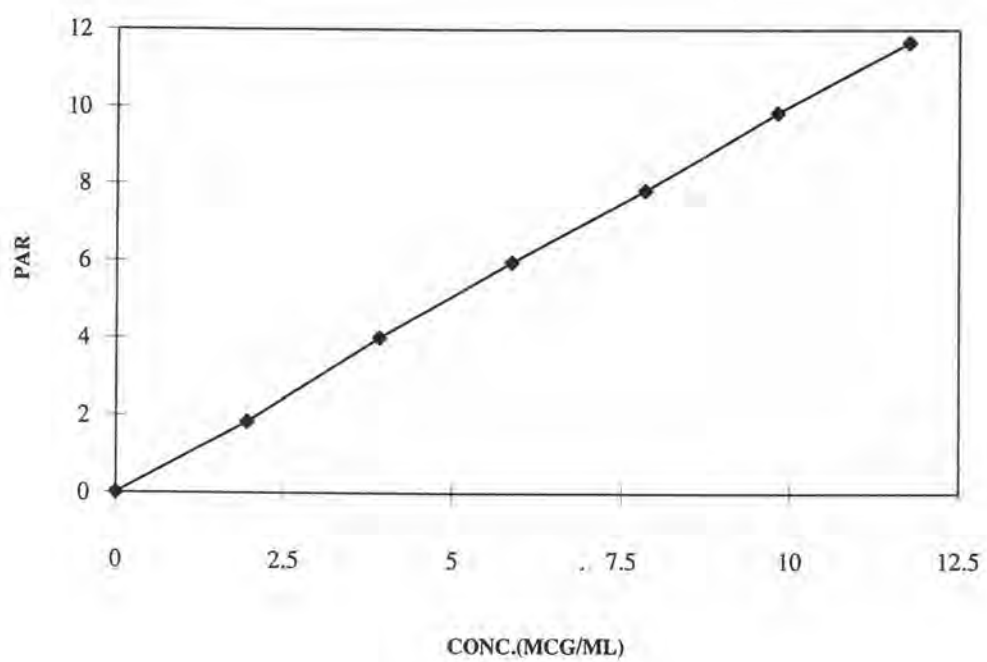


Figure 21 Standard curve of simvastatin in 45% acetonitrile.

Table 35 Standard curve of simvastatin in dissolution medium.

Standard No.	Nominal conc.(mg/ml)	PAR	Inversely estimated conc. ²	% Analytical recovery ³
1	2.05	0.995	2.16	105.33
2	4.11	1.760	3.96	96.41
3	6.16	2.750	6.29	102.01
4	8.22	3.474	7.99	97.21
5	10.27	4.504	10.40	101.32
6	12.32	5.326	12.34	100.10
			Mean	100.40
			SD	3.28
			% C.V. ⁴	3.27

1. $r^2 = 0.998$, $Y = 0.426X + 0.074$ (Y = PAR, X = nominal conc.)

2. Inversely estimated concentration = $\frac{(PAR - 0.074)}{0.426}$

3. % Analytical recovery = $\frac{\text{Inversely estimated concentration}}{\text{Known nominal concentration}} \times 100$

4. % C.V. = $\frac{SD}{Mean} \times 100$

STANDARD CURVE OF SV IN DISSOLUTION MEDIUM

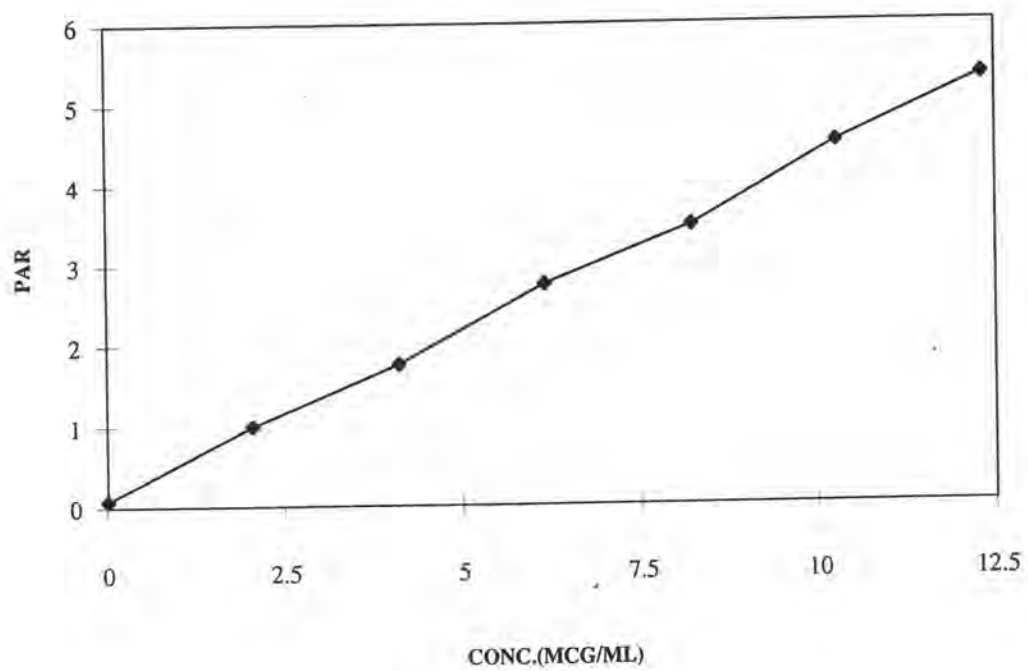


Figure 22 Standard curve of simvastatin in dissolution medium.

Table 36 Standard curve of total simvastatin hydroxy acid in dog plasma.

Standard No.	Nominal conc. (ng/ml)	PAR	Inversely estimated conc. ²	% Analytical recovery ³
1	25.77	0.210	27.80	107.88
2	51.55	0.298	55.27	107.22
3	103.10	0.472	109.81	106.51
4	257.74	0.876	236.61	91.80
5	515.48	1.794	524.35	101.72
			Mean	103.02
			SD	6.72
			% C.V. ⁴	6.53

1. $r^2 = 0.996$, $Y = 3.19 \times 10^{-3} X + 0.125$ (Y = PAR, X = nominal conc.)

2. Inversely estimated concentration = $\frac{(PAR - 0.125)}{3.19 \times 10^{-3}}$

3. % Analytical recovery = $\frac{\text{Inversely estimated concentration} \times 100}{\text{Known nominal concentration}}$

4. % C.V. = $\frac{SD}{Mean} \times 100$

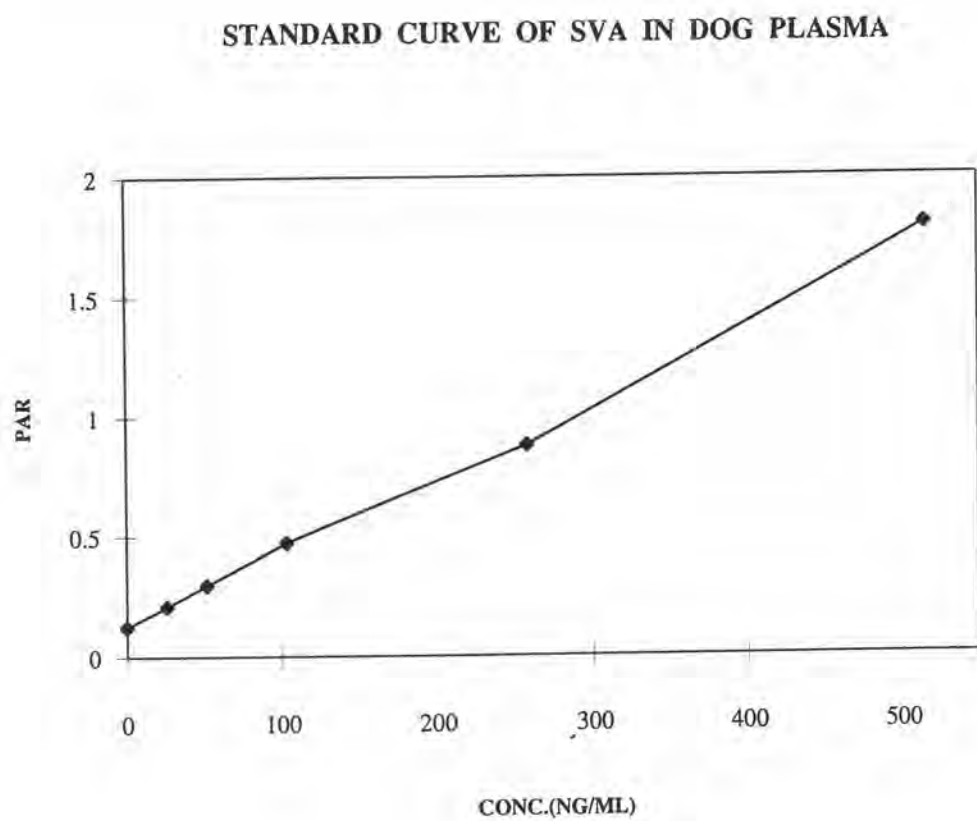


Figure 23 Standard curve of total simvastatin hydroxy acid in dog plasma.

APPENDIX C

REAGENT PREPARATION

0.5% Sodium lauryl sulphate 0.01 M Monobasic sodium phosphate buffer pH 5.5

Dissolved 7.2 g of monobasic sodium phosphate in 6 L of water, mix. Adjust the resulting solution with 1.0 N sodium hydroxide to a pH of 5.5 ± 0.02 . Dissolved 30.0 g of sodium lauryl sulphate in above buffer.

0.025 M Monobasic sodium phosphate buffer pH 4.5

Dissolved 3.0 g of monobasic sodium phosphate in 1000 ml of water, mix. Adjust the resulting solution with 0.1 N hydrochloric acid to a pH of 4.5 ± 0.02 .

0.5 M Potassium hydroxide solution

Dissolved 28.1 g of potassium hydroxide in 500 ml of water, mix, and diluted with water to 1000 ml.

0.25 M Phosphoric solution

Diluted 85% phosphoric acid 28.8 g with water to 1000 ml.

APPENDIX D

ANIMALS

Table 37 Animal demographic data.

Dog No.	Weight (kg)	SGPT Pre -treatment ^a	SGPT Post- treatment ^a	δ^b (Post-pre)	Diseases
1	12.2	31	152	+121	-
2	15.0	31	17	-14	-
3	13.5	40	64	+20	Microfilaria \oplus ve
4	11.6	14	23	+9	-
5	14.0	57	26	-31	Microfilaria \oplus ve
6	16.4	49	29	-20	Microfilaria \oplus ve
7	17.0	45	75	+30	-
8	12.0	28	40	+12	-
9	13.0	29	41	+12	Microfilaria \oplus ve
10	11.8	7	19	+12	-
11	11.3	7	30	+23	-
12	13.0	65	135	+70	Microfilaria \oplus ve
Mean	13.4	33.58	54.25	-20.33	-
SD	1.88	18.0	45.34	40.99	-

+ = increase from the initial value

- = decrease from the initial value

^a The normal value is 30-40 i.u. (Benjamin, 1966).

δ^b The difference of pre- and post-treatment SGPT value was no statistically significance. The paired t-test results are provided in Appendix E.

APPENDIX E

STATISTICS

1. Mean (\bar{X})

$$\bar{X} = \frac{\sum X}{N}$$

2. Standard deviation (S.D.)

$$SD = \frac{\sum (X - \bar{X})^2}{\sqrt{N - 1}}$$

3. Standard error of mean (SEM)

$$SEM = \frac{SD}{\sqrt{N}}$$

4. Bartlett's test

Test of equality of more than two variances

$$\chi^2 = (\sum N_i - 1) \ln S^2 - \sum [(N_i - 1) \ln S_i^2]$$

where S^2 = Pooled variance

S_i^2 = The variance of the i th sample

The value of $\chi_{0.05}^2$ is refer to a χ^2 distribution with (N-1) d.f. If χ^2 calculated less than $\chi_{0.05}^2$, the variance do not differ. A significant value of χ^2 means that the variances are not equal.

5. Dunnett's Test

Sometimes experiments are designed to compare several treatments against a control not among each other. Dunnett's devised a multiple comparison procedure for treatments versus a control. The critical difference for 2-sided test for any of the comparisons versus control, D , is defined as:

$$D' = t' \sqrt{S^2(1/N_1+1/N_2)}$$

where t' is obtained from Table t value for Dunnett's comparison
 S^2 = Error variance from ANOVA (within mean square for one-way ANOVA)
 N_1, N_2 = number of sample

The difference between the test mean and control mean is considered significant if its absolute value is greater than D' .

6. Randomized block analysis of variance

Testing the difference among treatments

Block	Treatment				Total (block)	Mean(block)
	1	2	3..... j			
1	X_{11}	X_{12}	X_{13}	X_{1j}	R_1	X_1
2	X_{21}	X_{22}	X_{23}	X_{2j}	R_2	X_2
.
i	X_{i1}	X_{i2}	X_{i3}	X_{ij}	R_i	X_i
Total (treat)	C_1	C_2	C_3	C_j	T	
Mean (treat)	X_1	X_2	X_3	X_j		X

where $T =$ Total of all observations
 $X =$ Overall mean
 $j =$ Number of treatments
 $i =$ Number of blocks

$\mu_1, \mu_2, \mu_3, \dots, \mu_i =$ Population mean of block

$\mu_1, \mu_2, \mu_3, \dots, \mu_j =$ Population mean of treatment

For block The null hypothesis : $H_0 = \mu_1 = \mu_2 = \mu_3 = \dots \mu_i$

The alternative hypothesis : $H_a = \mu_1 \neq \mu_2 \neq \mu_3 \neq \dots \mu_i$

For treatment The null hypothesis : $H_0 = \mu_1 = \mu_2 = \mu_3 = \dots \mu_j$

The alternative hypothesis : $H_a = \mu_1 \neq \mu_2 \neq \mu_3 \neq \dots \mu_j$

Randomized block analysis of variance

Sources of variation	Degree of freedom	Sum of square	Mean square	F
Block	$i - 1$	SS_{block}	MS_{block}	$MS_{\text{bl}}/MS_{\text{err}}$
Treatment	$j - 1$	$SS_{\text{treatment}}$	$MS_{\text{treatment}}$	$MS_{\text{tr}}/MS_{\text{err}}$
Error	$(i-1)(j-1)$	SS_{error}	MS_{error}	
Total	$ij - 1$	SS_{total}		

Computation of sum of square

$$\begin{aligned}
 \text{C.T.} &= (\sum_{ij} X_{ij})^2/N \\
 SS_{\text{total}} &= \sum X_{ij}^2 - \text{C.T.} \\
 SS_{\text{block}} &= \sum R_i^2 / j - \text{C.T.} \\
 SS_{\text{treatment}} &= \sum C_j^2 / i - \text{C.T.} \\
 SS_{\text{error}} &= SS_{\text{total}} - SS_{\text{block}} - SS_{\text{treatment}} \\
 MS_{\text{block}} &= SS_{\text{block}} / \text{d.f.}_{\text{block}} \\
 MS_{\text{treatment}} &= SS_{\text{treatment}} / \text{d.f.}_{\text{treatment}} \\
 MS_{\text{error}} &= SS_{\text{error}} / \text{d.f.}_{\text{error}} \\
 F_{\text{block}} &= MS_{\text{block}} / MS_{\text{error}} \\
 F_{\text{treatment}} &= MS_{\text{treatment}} / MS_{\text{error}}
 \end{aligned}$$

F_{block} and $F_{\text{treatment}}$ have $(i-1)$, $\{(i-1)(j-1)\}$ and $(j-1)$, $\{(i-1)(j-1)\}$ degree of freedom, respectively.

If calculated F value is less than tabulated $F_{0.05}$, the null hypothesis is accepted and the alternative hypothesis is rejected. If F value is greater than $F_{0.05}$, the alternative hypothesis stand which shows that there are significant differences among the mean ($p < 0.05$).

7. Two one-sided t-tests and 90 % confidence interval procedure for bioequivalence comparison

Schuirman (1987) proposed a procedure which consist of two pairs of testing hypotheses. The tests are performed each at the 5% level with the null hypothesis.

$$H_0 : \frac{T}{R} < 0.8 \quad \text{and} \quad H_0 : \frac{T}{R} > 1.20$$

where T, R represent the test product and reference product, respectively.(R = brand A, T = brand B, C, and D in this study)

If both tests are rejected, the products are considered to have a ratio of the pharmacokinetic parameters between 0.8 and 1.20 and are taken to be bioequivalent. The out come of the test is equivalent to forming a 90 % symmetric confidence interval about the mean difference, and accepting equivalent if the limits of the intervals lie between 0.8 and 1.20. If either test (or both) is not rejected, the products are not considered to be equivalent.

Since the two one-sided t-tests are equivalent to the construction of 90 % confidence interval. The latter approach can be used interchangeably for bioequivalence evaluation.

In the example from table 22, a 90% confidence interval for the difference of the t_{\max} for brand B versus brand A is

$$\begin{aligned} &= \bar{\Delta} \pm t \sqrt{\text{EMS} (1/N_1 + 1/N_2)} \\ &= (2.25 - 1.875) \pm 1.69 \sqrt{0.428(1/12 + 1/12)} \\ &= 0.375 \pm 0.451 \\ &= -0.076 \text{ to } 0.826 \end{aligned}$$

- where $\bar{\Delta}$ = the average difference of the t_{\max} (T-R)
 t = the t value with 33 d.f. = 1.69, $\alpha = 0.10$
 EMS = Error mean square from ANOVA table
 N_1, N_2 = Total number of treatment T and R

The confidence interval can be expressed as an approximate percentage relative bioavailability by dividing the lower and the upper limits for the t_{\max} difference by the average t_{\max} for brand A, the reference product and then add 1 to each of the resulting values.

Average t_{\max} for the reference product = 1.875

approximate 90 % confidence interval for $\frac{T}{R}$

$$\begin{aligned}
 &= (1.875-0.076)/1.875 \text{ to } (1.875+0.826) /1.875 \\
 &= 0.9595 \text{ to } 1.4405 \\
 &= 95.95 \text{ to } 144.05 \%
 \end{aligned}$$

For the example of the t_{\max} ratio, the test product would not pass the USP equivalency test because the upper limit exceeds 1.20.

If the variance among the treatments are not homogenous due to the Bartlett's test result. Log-transformed data were used in the analysis of variance instead of normal data and 90 % confidence interval for the ratios of C_{\max} , t_{\max} , and AUC can be determined according to the following procedure. Since the difference of the logarithms is equivalent to logarithmic of the ratio [i.e., $\log T - \log R = \log (T/R)$], thus the anti-log of the average difference of the logarithms is an estimate of the ratio of that parameter.

From Table 25, 90% confidence interval for the difference log-transformed value for AUC for brand B versus brand A is

$$\begin{aligned}
 &= (2.629-2.624) \pm 1.69\sqrt{1.54 \times 10^{-2}(1/12+1/12)} \\
 &= 0.005 \pm 0.086 \\
 &= -0.081 \text{ to } 0.090
 \end{aligned}$$

The anti-log of these limits are 0.83 to 1.23 that pass the USP equivalency test since the resultant interval contains within 80-125% bioequivalence range for the log-transformed data.

8. Correlation coefficient test (Bolton, 1990)

The correlation coefficient is a quantitative measure of the relationship of correlation between two variables X and Y.

$$r = \frac{N\sum XY - \sum X \sum Y}{\sqrt{[N\sum X^2 - (\sum X)^2][N\sum Y^2 - (\sum Y)^2]}}$$

where r = Correlation coefficient
 N = The number of X and Y pairs.

Test of zero correlation

Let ρ (rho) = The true correlation coefficient, estimated by r

The null hypothesis : $H_0 = \rho = 0$

The alternative hypothesis : $H_a = \rho \neq 0$

$$t_{N-2} = \frac{|r\sqrt{N-2}|}{\sqrt{1-r^2}}$$

The value of $t_{0.05}$ is referred to a t distribution with (N-2) d.f. If t calculated is greater than $t_{0.05}$, the null hypothesis is rejected. If t is not significant, the null hypothesis stands.

9. Paired student's t-test (dependent sample)

In the paired-sample experiment, the treatments are applied to experimental units which are closely related.

The null hypothesis Ho : $\Delta = 0$

The alternative hypothesis Ha : $\Delta \neq 0$

$\Delta =$ hypothetical difference of the means of the paired samples

the t-test is: $t = \frac{|\bar{\delta} - \Delta|}{S / \sqrt{N}}$

where $\delta =$ means difference of the paired-samples

$S =$ standard deviation of δ

$N =$ pairs of samples

The value of $t_{0.05}$ is referred to a t-distribution with (N-1) d.f. If calculated t is greater than $t_{0.05}$, the null hypothesis is rejected. If not significant. The null hypothesis stands.

For the differences of pre- and post-treatment SGPT value from Table 37, a two-sided test ,

$$t = \frac{|20.33 - 0|}{40.99 / \sqrt{12}} = 1.718$$

Tabulated $t_{0.05}$ (11) is 1.80. The calculated t is less than $t_{0.05}$ thus the null hypothesis stands.

The percentage differences of TC from the initial values of each brand are also determined in the same procedure as described above.

10. Friedman test

The Friedman test is a nonparametric test applied to data which is, at least, ranked and which in the form of two-way ANOVA design (randomized block). This test, which may be applied to ranked or individual / ratios type data, is used when more than 2 treatment groups are included in the experiment. In Friedman test, the treatment are ranked within each block (e.g., animal or person), disregarding differences between blocks. The procedure will be illustrated using data from Table 27. The parenthetical values in Table 27 are the ranks of the t_{\max} for each dog over four treatments.

If the sample sizes are sufficiently large, a chi-square distribution can be used to approximate the test of significance. The chi-square test is

$$\chi^2_{c-1} = \frac{12 (\sum R_i^2)}{r c (c+1)} - 3r (c+1)$$

where χ^2_{c-1} = the χ^2 statistic with $c-1$ degree of freedom

r = number of rows (blocks)

c = number of columns (treatments)

R_i = sum of ranks in i th group (column)

The significance is considered if calculated equal or more than tabulated .
In our data, the chi-square statistic has 3 degree of freedom:

$$\begin{aligned}\chi^2_3 &= \frac{12(31^2+37^2+19.5^2+30.5^2)}{(12)(4)(4+1)} - 3(12)(4+1) \\ &= 2.02\end{aligned}$$

Tabulated $\chi^2_{0.05(3)}$ is 7.81, hence, there were no statistically significant difference in t_{\max} value over the four treatments at the 5% significant level.

APPENDIX F

CALCULATION FOR DISSOLUTION RATE CONSTANT (K_d)

The dissolution rate constants (K_d) are calculated according to sigma-minus method as shown in equation

$$\ln (X_{\infty} - X_t) = - K_d t + \ln X_{\infty}$$

where X_{∞} = The amount of drug dissolved at infinity (t_{∞})
 X_t = The amount of drug dissolved at time t

The above equation describes the relationship for the amount of un dissolved simvastatin ($X_{\infty} - X_t$) versus time. A linear curve is obtained by graphing the natural logarithm of the amount of undissolved simvastatin ($X_{\infty} - X_t$) versus time. The dissolution rate constants (K_d) is obtained from the slope of this curve. Using the dissolution data in dissolution medium of brand B (tablet 1) in Table 7, determine the rate of dissolution as follow:

1. Construct the following table (Table 38) and
2. Determine the amount of undissolved simvastatin ($X_{\infty} - X_t$) and then plot ($X_{\infty} - X_t$) on the log scale versus time (semi-log plot).

The dissolution rate constants (K_d) obtained from this data is 0.129. As for other brands, the dissolution rate constants are also determined in the same procedure as discussed above.

Table 38 Exemplified data for dissolution rate constants (K_d) determined according to sigma-minus method.

Time (min)	$X_t(\mu\text{g } \%)$	$X_\infty - X_t(\mu\text{g } \%)$
5	9.68	101.98
10	45.72	92.30
15	81.62	56.27
20	93.27	20.36
30	101.98	8.72

APPENDIX G

Table 39 The difference in total cholesterol (TC) level at 2 hr after 200 mg single oral dose of four brands of simvastatin tablets (raw data n=2).

Dog no.	Brand A			Brand B			Brand C			Brand D			
	TC	TC	δ	TC	TC	δ	TC	TC	δ	TC	TC	δ	
	0 hr	2 hr	(Δ TC)	0 hr	2 hr	(Δ TC)	0 hr	2 hr	(Δ TC)	0 hr	2 hr	(Δ TC)	
1	nmol/L	108	106.5	-1.5	128	136.5	+8.5	117	115.5	-1.5	138.5	143.5	-5
	%	100	98.6	-1.4	100	106.6	+6.6	100	98.7	-1.3	100	103.6	+3.6
2	nmol/L	147.5	146	-0.5	142.5	141	-1.5	146.5	146	-0.5	139.5	129	-10.5
	%	100	99.3	-0.7	100	98.9	-1.1	100	99.7	-0.3	100	92.5	-7.5
3	nmol/L	193	191.5	-1.5	203.5	218.5	+15.5	127	89	-38	174	177.5	+3.5
	%	100	99.2	-0.8	100	107.4	+7.4	100	70.1	-29.9	100	102	+2.0
4	nmol/L	262	262.5	+0.5	323.5	287.5	-36.0	229	250.5	+21.5	260	244.5	-15.5
	%	100	100.2	+0.2	100	88.9	-11.1	100	109.4	+9.4	100	94	-6.0
5	nmol/L	216.5	198.5	-18	284	268	-16.0	252	232.5	-19.5	202	196	-6.0
	%	100	91.7	-8.3	100	94.4	-5.6	100	92.3	-7.7	100	97	-3.0
6	nmol/L	228.5	212	-16.5	353	361	+8.0	199.5	238.5	+39	221	224	+3.0
	%	100	92.8	-7.2	100	102.3	+2.3	100	119.5	+19.5	100	101.4	+1.4
7	nmol/L	138.5	141.5	+3.0	88.6	81.5	-7.1	139	133.5	-5.5	142	148	+6.0
	%	100	102.2	+2.2	100	92	-8.0	100	96	-4	100	104.2	+4.2
8	nmol/L	176.5	177.5	+1.0	196.5	168	-28.5	163.5	164	+0.5	164	157.5	-6.5
	%	100	100.6	+0.6	100	85.5	-14.5	100	100.3	+0.3	100	96	-4.0
9	nmol/L	169	172	+3.0	179.5	172	-7.5	160	159	-1	161	161	0
	%	100	101.8	+1.8	100	95.8	-4.2	100	99.4	-0.6	100	100	0
10	nmol/L	156.5	144	-12.5	234	241	+7.0	131	168	+37	172	177	+5
	%	100	92.0	-8.0	100	103	+3.0	100	128.2	+28.2	100	102.9	+2.9
11	nmol/L	203.5	192.5	-11.0	217	186	-31.0	325	280.5	-44.5	228	205	-23
	%	100	94.6	-5.4	100	85.7	-14.3	100	86.3	-13.7	100	89.9	-10.1
12	nmol/L	209	220.5	+11.5	247.5	247.5	0	202	138.5	-63.5	206.5	198	-8.5
	%	100	105.5	+5.5	100	100	0	100	68.6	-31.4	100	95.9	-4.1

VITA

Miss Supang Kondee was born on October 10, 1969, in Phayao, Thailand. She obtained her Bachelor's degree in Pharmacy in 1993 from Faculty of Pharmaceutical Sciences, Chiangmai University.

She has been working as an analytical pharmacist at The Regional Medical Science Centre, Chiangrai since 1993.