



NDA 21779/S-012

**SUPPLEMENT APPROVAL**

Actelion Pharmaceuticals, Ltd.  
Attention: Mr. Brian Schlag, MA, MS  
Associate Director, U.S. Drug Regulatory Affairs  
1820 Chapel Avenue West, Suite 300  
Cherry Hill, NJ 08002

Dear Mr. Schlag:

Please refer to your supplemental New Drug Application (sNDA) dated December 17, 2010, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Ventavis (iloprost) Inhalation Solution.

This Prior Approval sNDA provides for the following revisions to the labeling for Ventavis (iloprost):

**HIGHLIGHTS OF PRESCRIBING INFORMATION**

1. In **INDICATIONS AND USAGE**, revise the following text

**FROM**

Ventavis is a synthetic analog of prostacyclin indicated for the treatment of pulmonary arterial hypertension (WHO Group I) in patients with NYHA Class III or IV symptoms. In controlled trials, it improved a composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration (1.1).

**TO**

Ventavis is a synthetic analog of prostacyclin indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve a composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration. Studies establishing effectiveness included predominately patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH (65%) or PAH associated with connective tissue diseases (23%). (1.1).

## **Full Prescribing Information**

2. In **INDICATIONS AND USAGE**, revise the following text

### **FROM**

Ventavis is indicated for the treatment of pulmonary arterial hypertension (WHO Group I) in patients with NYHA Class III or IV symptoms. In controlled trials, it improved a composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration [*see Clinical Studies (14)*].

### **TO**

Ventavis is indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve a composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration. Studies establishing effectiveness included predominately patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH (65%) or PAH associated with connective tissue diseases (23%) [*see Clinical Studies (14)*].

Note that minor labeling revisions were made in section 14 of the labeling (**CLINICAL STUDIES**) to be consistent with the revisions made in section 1 (**INDICATIONS AND USAGE**).

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

## **CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit, using the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format, as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>, that is identical to the enclosed labeling (text for the package insert, Medication Guide) and include the labeling changes proposed in any pending “Changes Being Effected” (CBE) supplements. 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/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications for this NDA, including pending “Changes Being Effected” (CBE) supplements, for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format that includes the changes approved in this supplemental application.

We request that the revised labeling approved today be available on your website within 10 days of receipt of this letter.

**LETTERS TO HEALTH CARE PROFESSIONALS**

If you decide to issue a letter communicating important safety-related information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit, at least 24 hours prior to issuing the letter, an electronic copy of the letter to this NDA, to CDERMedWatchSafetyAlerts@fda.hhs.gov, and to the following address:

MedWatch Program  
Office of Special Health Issues  
Food and Drug Administration  
10903 New Hampshire Ave  
Building 32, Mail Stop 5353  
Silver Spring, MD 20993

**REPORTING REQUIREMENTS**

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, please call Dan Brum, PharmD, BCPS, RAC, Regulatory Project Manager, at (301)796-0578.

Sincerely,

*{See appended electronic signature page}*

Norman Stockbridge, M.D., Ph.D.  
Director  
Division of Cardiovascular and Renal Products  
Office of Drug Evaluation I  
Center for Drug Evaluation and Research

Enclosure: Package Insert

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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NORMAN L STOCKBRIDGE  
02/08/2011