

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 203441

NDA APPROVAL

NPS Pharmaceuticals, Inc.
Attention: Diane C. Fiorenza, BS, RAC
Senior Director, Regulatory Affairs, Product Development
550 Hills Drive 3rd Floor
Bedminster, NJ 07921

Dear Ms. Fiorenza:

Please refer to your New Drug Application (NDA), dated and received November 30, 2011, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA), for GATTEX (teduglutide [rDNA origin]) for injection, for subcutaneous use, 5 mg.

We also refer to our approval letter dated December 21, 2012 which contained the following error: the Risk Evaluation and Mitigation Strategy (REMS) appended materials did not reflect the final agreed-upon revisions (submitted December 18, 2012).

This replacement approval letter incorporates the correction of the error. In addition, we corrected the typographical error in the appended Prescriber Education Slide Deck (on slide 9 “3/32 (9.4%) on GATTEX, 0.05 mg/kg/day” was replaced with “3/32 (9.4%) on GATTEX, 0.10 mg/kg/day”). The effective approval date will remain December 21, 2012, the date of the original approval letter.

We acknowledge receipt of your amendments dated December 22 & 23, 2011; January 12 & 13, 2012; February 7, 9, 16, 21, 23 & 24, 2012; March 7, 12, 23(2) & 29, 2012; April 11 & 20, 2012; May 7, 2012; June 12, 18, 20, 28 & 29, 2012; July 10 & 20, 2012; August 3, 10 & 15, 2012; September 5, 6, 10, 12(2), 18, 19 & 27, 2012; October 2, 18, 24, & 31, 2012; November 8, 9, 20, 26 & 30, 2012; December 6, 7, 10, 12(3), 13(2), 17, 18(2), 19, & 20(2), 2012.

This new drug application provides for the use of GATTEX (teduglutide [rDNA origin]) for injection, for subcutaneous use for the treatment of adult patients with Short Bowel Syndrome (SBS) who are dependent on parenteral support.

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 agreed-upon labeling text and with the minor editorial revisions listed below.

1. In the medication guide, remove the extra bullet point under the list of most common side effects.

2. On the vial label, revise the storage temperature range to read, “Prior to dispensing, store at 2°C to 8°C (36°F to 46°F). Do not freeze.”
3. For all carton and container labels, revise the room temperature storage conditions to be consistent with those listed in Section 16 HOW SUPPLIED/STORAGE AND HANDLING section of the package insert.

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 Medication Guide. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*, available at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>

The SPL will be accessible via publicly available labeling repositories.

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

CARTON AND IMMEDIATE-CONTAINER LABELS

Submit final printed carton and immediate-container labels that are identical to the submitted carton and immediate-container labels, except with the revisions listed above, 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 *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 203441.**” 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.

MARKET PACKAGE

Please submit one market package of the drug product when it is available to the following address:

Matthew Scherer
Food and Drug Administration
Center for Drug Evaluation and Research
White Oak Building 22, Room: 5139
10903 New Hampshire Avenue
Silver Spring, Maryland

*Use zip code **20903** if shipping via United States Postal Service (USPS).*

*Use zip code **20993** if sending via any carrier other than USPS (e.g., UPS, DHL, FedEx).*

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess a signal of a serious risk of possible acceleration of neoplastic growth and enhancement of colon polyp growth, gastrointestinal obstruction, and biliary and pancreatic disorders associated with GATTEX (teduglutide [rDNA origin]) .

Furthermore, the new pharmacovigilance system that FDA is required to establish under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following:

- 1978-1 A prospective, multi-center, long-term, observational, registry study, of short bowel syndrome patients treated with teduglutide in a routine clinical setting, to assess the long-term safety of teduglutide. Design the study around a testable hypothesis to rule out a clinically meaningful increase in colorectal cancer risk above an estimated background risk in a suitable comparator. Select and justify the choice of appropriate comparator population(s) and corresponding background rate(s) relative to teduglutide-exposed patients. Provide sample sizes and effect sizes that can be ruled out under various enrollment target scenarios and loss to

follow-up assumptions. The study's primary outcome should be colorectal cancer, and secondary outcomes should include other malignancies, colorectal polyps, bowel obstruction, pancreatic and biliary disease, heart failure, and long-term effectiveness. Patients should be enrolled over an initial 5-year period and then followed for a period of at least 10 years from the time of enrollment. Progress updates of registry patient accrual and a demographic summary should be provided annually. Registry safety data should be provided in periodic safety reports.

The timetable you submitted on December 10, 2012, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	09/13
Study Completion:	12/29
Final Report Submission:	06/31

Submit the protocol to your IND 058213 with a cross-reference letter to this NDA. Submit all final reports to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate: **“Required Postmarketing Protocol Under 505(o)”**, **“Required Postmarketing Final Report Under 505(o)”**, **“Required Postmarketing Correspondence Under 505(o)”**.

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

1978-2 Elemental impurities specifications will be expanded to include limits and testing for all metals, as recommended in USP <232>.

The timetable you submitted on December 18, 2012, states that you will implement these specifications by March 31, 2013; submitted as a CBE-30 supplement.

Submit clinical protocols to your IND 058213 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled “**Postmarketing Commitment Protocol,**” “**Postmarketing Commitment Final Report,**” or “**Postmarketing Commitment Correspondence.**”

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

Section 505-1 of the FDCA authorizes FDA to require the submission of a risk evaluation and mitigation strategy (REMS), if FDA determines that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks [section 505-1(a)].

In accordance with section 505-1 of FDCA, we have determined that a REMS is necessary for GATTEX (teduglutide [rDNA origin]) to ensure the benefits of the drug outweigh the risks of possible acceleration of neoplastic growth and enhancement of colon polyp growth, gastrointestinal obstruction, and biliary and pancreatic disorders associated with GATTEX (teduglutide [rDNA origin]).

We have also determined that a communication plan is necessary to support implementation of the REMS.

Pursuant to 505-1(f)(1), we have also determined that GATTEX can be approved only if elements necessary to assure safe use are required as part of a REMS to mitigate the risk of possible acceleration of neoplastic growth and enhancement of colon polyp growth, gastrointestinal obstruction, and biliary and pancreatic disorders associated with GATTEX (teduglutide [rDNA origin]) that are listed in the labeling. The elements to assure safe use will include training for health care providers who prescribe GATTEX (teduglutide [rDNA origin]) and appropriate risk information for patient education.

We remind you that section 505-1(f)(8) of FDCA prohibits holders of an approved covered application with elements to assure safe use from using any element to block or delay approval of an application under section 505(b)(2) or (j). A violation of this provision in 505-1(f) could result in enforcement action.

Your proposed REMS, submitted on December 18, 2012, and appended to this letter, is approved. The REMS consists of a communication plan, elements to assure safe use, and a timetable for submission of assessments of the REMS.

Your REMS must be fully operational before you introduce GATTEX (teduglutide [rDNA origin]) into interstate commerce.

The REMS assessment plan should include, but is not limited to, the following:

1. An evaluation of healthcare providers' understanding of the serious risks of possible acceleration of neoplastic growth and enhancement of colon polyp growth, gastrointestinal obstruction, and biliary and pancreatic disorders associated with GATTEX (teduglutide [rDNA origin]).
2. An evaluation of patients' understanding of the serious risks of possible acceleration of neoplastic growth and enhancement of colon polyp growth, gastrointestinal obstruction, and biliary and pancreatic disorders associated with GATTEX (teduglutide [rDNA origin]).

The requirements for assessments of an approved REMS under section 505-1(g)(3) include with respect to each goal included in the strategy, an assessment of the extent to which the approved strategy, including each element of the strategy, is meeting the goal or whether 1 or more such goals or such elements should be modified.

We remind you that in addition to the assessments submitted according to the timetable included in the approved REMS, you must submit a REMS assessment and may propose a modification to the approved REMS when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A) of the FDCA.

If the assessment instruments and methodology for your REMS assessments are not included in the REMS supporting document, or if you propose changes to the submitted assessment instruments or methodology, you should update the REMS supporting document to include specific assessment instrument and methodology information at least 90 days before the assessments will be conducted. Updates to the REMS supporting document may be included in a new document that references previous REMS supporting document submission(s) for unchanged portions. Alternatively, updates may be made by modifying the complete previous REMS supporting document, with all changes marked and highlighted. Prominently identify the submission containing the assessment instruments and methodology with the following wording in bold capital letters at the top of the first page of the submission:

**NDA 203441 REMS CORRESPONDENCE
(insert concise description of content in bold capital letters, e.g.,
UPDATE TO REMS SUPPORTING DOCUMENT - ASSESSMENT
METHODOLOGY)**

Prominently identify the submission containing the REMS assessments or proposed modifications with the following wording in bold capital letters at the top of the first page of the submission:

NDA 203441 REMS ASSESSMENT

**NEW SUPPLEMENT FOR NDA 203441
PROPOSED REMS MODIFICATION
REMS ASSESSMENT**

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR NDA 203441
REMS ASSESSMENT
PROPOSED REMS MODIFICATION (if included)**

If you do not submit electronically, please send 5 copies of REMS-related submissions.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert to:

Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
5901-B Ammendale Road
Beltsville, MD 20705-1266

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. For instruction on completing the Form FDA 2253, see page 2 of the Form. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

METHODS VALIDATION

We have not completed validation of the regulatory methods. However, we expect your continued cooperation to resolve any problems that may be identified.

REPORTING REQUIREMENTS

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

MEDWATCH-TO-MANUFACTURER PROGRAM

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at <http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm>.

POST-ACTION FEEDBACK MEETING

New molecular entities and new biologics qualify for a post-action feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, call Matthew Scherer, Regulatory Project Manager, at (301) 796-2307.

Sincerely,

{See appended electronic signature page}

Victoria Kusiak, MD
Deputy Director
Office of Drug Evaluation III
Center for Drug Evaluation and Research

Enclosures:
Content of Labeling
REMS

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

VICTORIA KUSIAK
12/21/2012