

# CENTER FOR DRUG EVALUATION AND RESEARCH

## Approval Package for:

### *APPLICATION NUMBER:*

**201292Orig1s000**

*Trade Name:* Gilotrif® tablets, 20 mg, 30 mg, and 40 mg

*Generic Name:* afatinib

*Sponsor:* Boehringer Ingelheim Pharmaceuticals, Inc.

*Approval Date:* July 12, 2013

*Indications:* Provides for the use of Gilotrif® (afatinib) tablets for the first-line treatment of patients with metastatic nonsmall cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test. This approval includes the following limitation of use: Safety and efficacy of Gilotrif have not been established in patients whose tumors have other EGFR mutations.

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## 201292Orig1s000

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*APPLICATION NUMBER:*

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**APPROVAL LETTER**



NDA 201292

**NDA APPROVAL**

Boehringer Ingelheim Pharmaceuticals, Inc.  
Attention: Ann Agnor  
Associate Director, Regulatory Affairs  
900 Ridgebury Road  
PO Box 368  
Ridgefield, CT 06877

Dear Ms. Agnor:

Please refer to your New Drug Application (NDA) dated November 14, 2012, received November 15, 2012, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Gilotrif<sup>®</sup> (afatinib) tablets, 20 mg, 30 mg, and 40 mg.

We acknowledge receipt of your amendments dated: November 26, November 27, and November 30, 2012; January 3, January 4 (2), January 8, January 15, January 24, January 28, January 30 (2), January 31, February 4, February 6, February 18, February 20, February 25, March 1, March 4 (2), March 12, March 13, March 14, March 17, March 19, March 21, March 22, April 2, April 5, April 11, April 26, May 3, May 10, May 23, June 11, June 12, July 1, July 3, July 5, July 9, July 10, and July 11, 2013.

This new drug application provides for the use of Gilotrif<sup>®</sup> (afatinib) tablets for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test. This approval includes the following limitation of use: Safety and efficacy of Gilotrif have not been established in patients whose tumors have other EGFR mutations.

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 enclosed agreed-upon labeling text.

**WAIVER OF HIGHLIGHTS SECTION**

We acknowledge your request to waive the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of prescribing information. As previously discussed with you, we are denying your request.

## **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 patient information sheet. 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.

## **CARTON AND IMMEDIATE-CONTAINER LABELS**

Submit final printed carton and immediate-container labels that are identical to the carton and immediate-container labels submitted on April 26, 2013, 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 201292.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product(s) with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

## **CHEMISTRY, MANUFACTURING, AND CONTROLS**

A 24 month expiration dating period is granted for the 20 mg, 30 mg, and 40 mg tablets when stored at 15° to 30°C (59° to 86°F).

### **ADVISORY COMMITTEE**

Your application for afatinib was not referred to an FDA advisory committee because:

- this drug is not the first in its class;
- the safety profile is acceptable for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test;
- the clinical study design is acceptable; and,
- there were no issues identified that would warrant an Advisory Committee Meeting discussion.

### **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 increased toxicity from altered pharmacokinetics of afatinib due to impaired renal function.

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.

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess a signal of a serious risk of increased toxicity from altered pharmacokinetics of afatinib due to impaired renal function.

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

2051-1: Conduct a pharmacokinetic trial to determine the appropriate doses of Gilotrif<sup>®</sup> (afatinib) tablets in patients with moderate and severe renal impairment in accordance with the FDA Guidance for Industry entitled “*Pharmacokinetics in Patients with Impaired Renal Function: Study Design, Data Analysis, and Impact on Dosing and Labeling.*”

The timetable you submitted on July 5, 2013, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission	November 2013
Final Protocol Submission:	January 2014
Trial Completion:	September 2015
Final Report Submission:	December 2015

Submit the protocol(s) to your IND 114002 with a cross-reference letter to this NDA. Submit all final report(s) 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 SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitment:

2051-2: Submit the data from the final overall survival analysis from “Study 1200.32” in order to better characterize the effects of Gilotrif<sup>®</sup> (afatinib) treatment on overall survival.

The timetable you submitted on July 5, 2013, states that you will conduct this trial according to the following schedule:

Final Report Submission: April 2014

Submit clinical protocols to your IND 114002 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.**”

### **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, contact the Regulatory Project Manager for this application within two weeks of receipt of this communication.

### **PDUFA V APPLICANT INTERVIEW**

FDA has contracted with Eastern Research Group, Inc. (ERG) to conduct an independent interim and final assessment of the Program for Enhanced Review Transparency and Communication for NME NDAs and Original BLAs under PDUFA V ('the Program'). The PDUFA V Commitment Letter states that these assessments will include interviews with applicants following FDA action on applications reviewed in the Program. The purpose of the interview is to better understand applicant experiences with the Program and its ability to improve transparency and communication during FDA review.

You will be contacted by ERG to schedule the interview following this action on your application; ERG will provide specifics about the interview process at that time. Your responses during the interview will be confidential with respect to the FDA review team. ERG has signed a non-disclosure agreement and will not disclose any identifying information to anyone outside their project team. They will report only anonymized results and findings in the interim and final assessments. Members of the FDA review team will be interviewed by ERG separately. While your participation in the interview is voluntary, your feedback will be helpful to these assessments.

If you have any questions, call Deanne Varney, Regulatory Project Manager, at (301) 796-0297.

Sincerely,

*{See appended electronic signature page}*

Richard Pazdur, M.D.  
Director  
Office of Hematology and Oncology Products  
Center for Drug Evaluation and Research

Enclosures:

Content of Labeling  
Carton and Container Labeling

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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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RICHARD PAZDUR  
07/12/2013