

**CENTER FOR DRUG EVALUATION AND  
RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**125513Orig1s000**

***Trade Name:*** STRENSIQ solution for subcutaneous injection

***Generic Name:*** (asfotase alfa)

***Sponsor:*** Alexion Pharmaceuticals, Inc

***Approval Date:*** October 23, 2015

***Indications:*** STRENSIQ™ is a tissue nonspecific alkaline phosphatase indicated for the treatment of patients with perinatal/infantile- and juvenile-onset hypophosphatasia (HPP).

# CENTER FOR DRUG EVALUATION AND RESEARCH

## 125513Orig1s000

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*APPLICATION NUMBER:*

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**APPROVAL LETTER**



BLA 125513/0

**BLA APPROVAL**

Alexion Pharmaceuticals, Inc  
Attention: Jill P. Hillier, PhD  
Vice President, US Regulatory Affairs  
352 Knotter Drive  
Cheshire, CT 06410

Dear Dr. Hillier:

Please refer to your Biologics License Application (BLA) dated December 23, 2014, received December 23, 2014 submitted under section 351(a) of the Public Health Service Act for STRENSIQ (asfotase alfa) solution for subcutaneous injection.

We acknowledge receipt of your amendment(s) dated February 6, 9, 10, 12, and 13, 2015; March 13, 20, and 30; April 8, 15, 16, 17, 21, 28 and 30, 2015; May 7, 20, and 22, 2015; June 1, 23 and 30, 2015; July 3, 24, 27, 28, and 31, 2015; August 13, 14, 18, 21, 24, and 28, 2015; September 3, 4, 21, and 23, 2015; and October 2, 6, 9, 13, 21, and 23, 2015.

**LICENSING**

We have approved your BLA for STRENSIQ (asfotase alfa) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, STRENSIQ under your existing Department of Health and Human Services U.S. License No. 1743. STRENSIQ is indicated for the treatment of patients with perinatal/infantile- and juvenile-onset hypophosphatasia (HPP).

**MANUFACTURING LOCATIONS**

Under this license, you are approved to manufacture STRENSIQ drug substance at (b) (4) (b) (4). The final formulated product will be manufactured and filled at (b) (4) and labeled and packaged at (b) (4).

You may label your product with the proprietary name, STRENSIQ, and will market it in single-use vials containing 18 mg/0.45 mL, 28 mg/0.7 mL, 40 mg/mL, or 80 mg/0.8 mL solution.

**DATING PERIOD**

The dating period for STRENSIQ shall be 24 months from the date of manufacture when stored at 2-8°C. The date of manufacture shall be defined as the date of final sterile filtration of the

formulated drug product. The dating period for your drug substance shall be (b) (4) months from the date of manufacture when stored at (b) (4) °C.

We have approved the stability protocol(s) in your license application for the purpose of extending the expiration dating period of your drug substance and drug product under 21 CFR 601.12.

### **FDA LOT RELEASE**

You are not currently required to submit samples of future lots of STRENSIQ to the Center for Drug Evaluation and Research (CDER) for release by the Director, CDER, under 21 CFR 610.2. We will continue to monitor compliance with 21 CFR 610.1, requiring completion of tests for conformity with standards applicable to each product prior to release of each lot.

Any changes in the manufacturing, testing, packaging, or labeling of STRENSIQ, or in the manufacturing facilities, will require the submission of information to your biologics license application for our review and written approval, consistent with 21 CFR 601.12.

### **APPROVAL & LABELING**

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.

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 601.14(b)] in structured product labeling (SPL) format, 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, text for the patient package insert). 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/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 container labels that are identical to the carton and immediate container labels submitted on October 2, 2015 and September 21, 2015, 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 titled “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 BLA 125513.”** Approval of this submission by FDA is not required before the labeling is used.

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

### **RARE PEDIATRIC DISEASE PRIORITY REVIEW VOUCHER**

We also inform you that you have been granted a rare pediatric disease priority review voucher, as provided under section 529 of the FDCA. This priority review voucher (PRV) has been assigned a tracking number, PRV BLA 125513. All correspondences related to this voucher should refer to this tracking number.

This voucher entitles you to designate a single human drug application submitted under section 505(b)(1) of the FDCA or a single biologic application submitted under section 351 of the Public Health Service Act as qualifying for a priority review. Such an application would not have to meet any other requirements for a priority review. The list below describes the sponsor responsibilities and the parameters for using and transferring a rare pediatric disease priority review voucher.

- The sponsor who redeems the priority review voucher must notify FDA of its intent to submit an application with a priority review voucher at least 90 days before submission of the application, and must include the date the sponsor intends to submit the application. This notification should be prominently marked, “Notification of Intent to Submit an Application with a Rare Pediatric Disease Priority Review Voucher.”
- This priority review voucher may be transferred, including by sale, by you to another sponsor of a human drug or biologic application. There is no limit on the number of times that the priority review voucher may be transferred, but each person to whom the priority review voucher is transferred must notify FDA of the change in ownership of the voucher not later than 30 days after the transfer. If you retain and redeem this priority review voucher, you should refer to this letter as an official record of the voucher. If the priority review voucher is transferred, the sponsor to whom the priority review voucher has been transferred should include a copy of this letter (which will be posted on our Website as are all approval letters) and proof that the priority review voucher was transferred.
- FDA may revoke the priority review voucher if the rare pediatric disease product for which the priority review voucher was awarded is not marketed in the U.S. within 1 year following the date of approval.
- The sponsor of an approved rare pediatric disease product application who is awarded a priority review voucher must submit a report to FDA no later than 5 years after approval that addresses, for each of the first 4 post-approval years:
  - the estimated population in the U.S. suffering from the rare pediatric disease for

- which the product was approved (both the entire population and the population aged 0 through 18 years),
  - the estimated demand in the U.S. for the product, and
  - the actual amount of product distributed in the U.S.
- You may also review the requirements related to this program at <http://www.gpo.gov/fdsys/pkg/PLAW-112publ144/pdf/PLAW-112publ144.pdf> (see Section 908 of FDASIA on pages 1094-1098 which amends the FD&C Act by adding Section 529). Formal guidance about this program will be published in the future.

### **ADVISORY COMMITTEE**

Your application for STRENSIQ was not referred to an FDA advisory committee because outside expertise was not necessary; there were no controversial issues that would benefit from advisory committee 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 Federal Food, Drug, and Cosmetic Act (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 known serious risk of severe hypersensitivity reactions (including anaphylaxis), to assess a signal of a serious risk of ectopic calcification events and to identify an unexpected serious risk of systemic immune complex-mediated reactions.

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 these serious risk(s).

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

### 2949-1

Conduct a prospective, long-term, observational study in STRENSIQ (asfotase alfa) treated patients with perinatal/infantile-onset and juvenile-onset hypophosphatasia (HPP) from ages birth and older. The purpose of the study is to assess the long term safety of treatment with STRENSIQ (asfotase alfa) with respect to incidence rates of severe hypersensitivity reactions (including anaphylaxis), systemic immune complex-mediated reactions and ectopic calcification events. Specify case definitions and validation methods and procedures for all outcomes. Enroll adequate number of patients, including both infantile-onset and juvenile-onset-patients, and follow for a minimum of 5 years from the time of enrollment, or until death, whichever comes first.

The timetable you submitted on October 6, 2015, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	07/2016
Study Completion:	10/2023
Final Report Submission:	04/2024

### 2949-2

Develop an assay to directly compare the complement activating capacity of STRENSIQ (asfotase) alfa to that of human IgG1. The assay should be set up under conditions to readily detect complement activation by IgG1. A dose response curve to demonstrate the sensitivity of the assay is recommended.

The timetable you submitted on October 6, 2015 states that you will conduct this study according to the following schedule:

Final Report Submission:	06/2016
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Submit the protocol(s) to your IND 100619, with a cross-reference letter to this BLA. Submit all final report(s) to your BLA. 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 601.70 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 601.70 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 601.70. 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 commitments:

**2949-3**

Develop a validated cross-reactive immunologic material (CRIM) assay for patients with hypophosphatasia (HPP) and test patient samples in a cohort of untreated patients. Results should be correlated with antibody response (binding and neutralizing), genetic mutations, enzyme activity level and clinical outcome in patients who are receiving STRENSIQ (asfotase alfa) treatment.

The timetable you submitted on October 6, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: 06/2016

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

We remind you of your postmarketing commitments:

**2949-4**

Evaluate the STRENSIQ (asfotase alfa) manufacturing process and develop a control strategy (b) (4)

(b) (4) Provide detailed summaries of all data utilized to propose the revised control strategy (b) (4)

The timetable you submitted on October 6, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: 11/2016

**2949-5**

Re-evaluate the (b) (4) endotoxin limits for the (b) (4) (b) (4) after data from thirty batches is available and (b) (4) the (b) (4) limits to reflect manufacturing process capability.

The timetable you submitted on October 6, 2015, states that you will conduct this study according to the following schedule:

Final Report Submission: 12/2017

Submit clinical protocols to your IND 100619 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this BLA. In addition, under 21 CFR 601.70 you should include a status summary of each commitment in your annual progress report of postmarketing studies to this BLA. 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 601.12(f)(4), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>. Information and Instructions for completing the form can be found at <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>. 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>.

## **REPORTING REQUIREMENTS**

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80). You should submit postmarketing adverse experience reports to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Central Document Room  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Prominently identify all adverse experience reports as described in 21 CFR 600.80.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (21 CFR 600.81).

You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA-3486 to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Compliance Risk Management and Surveillance  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Biological product deviations, sent by courier or overnight mail, should be addressed to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Compliance Risk Management and Surveillance  
10903 New Hampshire Avenue, Bldg. 51, Room 4206  
Silver Spring, MD 20903

### **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 APPROVAL FEEDBACK MEETING**

New molecular entities and new biologics qualify for a post approval 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.

**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. For this purpose, first-cycle actions include approvals, complete responses, and withdrawals after filing. 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.

ERG will contact you to schedule a PDUFA V applicant interview and provide specifics about the interview process. 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 Lisa Pitt, Regulatory Project Manager, at (240) 402-9651.

Sincerely,

*{See appended electronic signature page}*

Amy G. Egan, MD, MPH  
Deputy Director  
Office of Drug Evaluation III  
Center for Drug Evaluation and Research

ENCLOSURE(S):

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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AMY G EGAN  
10/23/2015