



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

Our STN: BL 125057/89

Abbot Laboratories
Attention: Meg Drew, MPH
Associate Director
Global Pharmaceuticals Regulatory Affairs
200 Abbott Park Road
Dept. RA72, AP34-3
Abbot Park, IL 60064

Dear Ms. Drew:

Your request to supplement your biologics license application (BLA) for Humira (adalimumab) to include a new indication for “reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn’s disease who have had an inadequate response to conventional therapy; and reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab,” has been approved.

The final printed labeling (FPL) must be identical to the enclosed labeling (text for the package insert, and the text for the patient package insert) and the submitted labeling (carton label submitted February 26, 2007). Marketing product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

Within 21 days of the date of this letter, submit content of labeling in structured product labeling (SPL) format, as described at <http://www.fda.gov/oc/datacouncil/spl.html>, which is identical in content to the enclosed Package Insert and Patient Package Insert labeling text. Upon receipt and verification, we will transmit that version to the national Library of Medicine for public dissemination.

We reference your request dated August 25, 2006, for a waiver (21 CFR 201.58) to allow the Highlights section of the PLR-formatted package insert to extend beyond the one-half-page requirement. We hereby grant this waiver.

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. We are waiving the pediatric study requirement for ages 0 to less than 6 years and deferring pediatric studies for ages greater than or equal to 6 to less than or equal to 17 years for this application

We acknowledge your written commitments to conduct postmarketing studies as described in your letter of February 26, 2007, as outlined below:

Postmarketing Study Commitments subject to reporting requirements of 21 CFR 601.70.

1. Your deferred pediatric study required under section 2 of the Pediatric Research Equity Act (PREA) is considered a required postmarketing study commitment. The status of this post-marketing study shall be reported annually according to 21 CFR 601.70. This commitment is listed below.

To complete and submit data from study protocol M06-806, a one-year, multi-center, randomized, double-blind study designed to evaluate the safety, efficacy, and pharmacokinetics of adalimumab in the induction and maintenance of clinical remission in pediatric subjects 6 to 17 years of age with moderate to severe Crohn's disease. The study will include collection of baseline data on prior loss of response to or intolerance to infliximab, using definitions similar to those used in protocol M04-691. The final study protocol was submitted to Abbott's IND on January 24, 2007. Enrollment of 186 patients will begin by March 31, 2007, and will be complete by March 31, 2008. The study will be complete by March 31, 2009, and the final clinical study report will be submitted by December 31, 2009.

Final Report Submission: December 31, 2009

Submit final study reports to this BLA. For administrative purposes, all submissions related to this pediatric postmarketing study commitment must be clearly designated "Required Pediatric Study Commitments".

2. To conduct study protocol P06-134, a 5-year, 5000 patient, multi-center, uncontrolled, observational study of adult patients with Crohn's disease treated in a routine clinical setting with adalimumab. The final protocol will be submitted by April 30, 2007, for concurrence, the study will be initiated by August 31, 2007, and enrollment will be complete by August 31, 2009. The study will be complete by August 31, 2014. Abbott will submit interim safety analyses of the study by February 28, 2009, February 28, 2011, and February 28, 2013, and will submit a final clinical study report by May 31, 2015.

Final Report Submission: May 31, 2015

We request that you submit clinical protocols to your IND, with a cross-reference letter to this BLA, STN BL 125057. Please use the following designators to label prominently all submissions, including supplements, relating to these postmarketing study commitments as appropriate:

- Postmarketing Study Protocol
- Postmarketing Study Final Report
- Postmarketing Study Correspondence
- Annual Report on Postmarketing Studies

For each postmarketing study subject to the reporting requirements of 21 CFR 601.70, you must describe the status in an annual report on postmarketing studies for this product. The status report for each study should include:

- information to identify and describe the postmarketing commitment,
- the original schedule for the commitment,
- the status of the commitment (i.e., pending, ongoing, delayed, terminated, or submitted),
- an explanation of the status including, for clinical studies, the patient accrual rate (i.e. number enrolled to date and the total planned enrollment), and
- a revised schedule if the study schedule has changed and an explanation of the basis for the revision.

As described in 21 CFR 601.70(e), we may publicly disclose information regarding these postmarketing studies on our Web site (<http://www.fda.gov/cder/pmc/default.htm>). Please refer to the February 2006 Guidance for Industry: Reports on the Status of Postmarketing Study Commitments - Implementation of Section 130 of the Food and Drug Administration Modernization Act of 1997 (see <http://www.fda.gov/cder/guidance/5569fnl.htm>) for further information.

Pursuant to 21 CFR 201.57(f)(2), patient labeling must be reprinted at the end of the package insert.

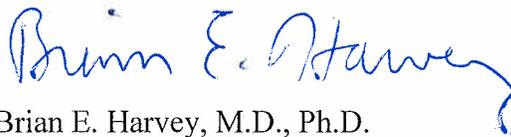
Please submit all final printed labeling at the time of use and include implementation information on FDA Form 356h. Please provide a PDF-format electronic copy as well as original paper copies (ten for circulars and five for other labels). In addition, you may wish to submit draft copies of the proposed introductory advertising and promotional labeling with a cover letter requesting advisory comments to the Food and Drug Administration, Center for Drug Evaluation and Research, Division of Drug Marketing, Advertising and Communication, 5901-B Ammendale Road, Beltsville, MD 20705-1266. Final printed advertising and promotional labeling should be submitted at the time of initial dissemination, accompanied by a FDA Form 2253.

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence to support that claim.

Please refer to <http://www.fda.gov/cder/biologics/default.htm> for important information regarding therapeutic biological products, including the addresses for submissions.

This information will be included in your biologics license application file.

Sincerely,

 ^{MD #61}
2/27/07

Brian E. Harvey, M.D., Ph.D.

Director

Division of Gastroenterology Products

Office of Drug Evaluation III

Center for Drug Evaluation and Research