

Food and Drug Administration Silver Spring MD 20993

NDA 22268/S-004

## SUPPLEMENT APPROVAL

Novartis Pharmaceuticals Corporation Attention: Bijal Pandhi, Pharm.D. Global Program Regulatory Manager, Drug Regulatory Affairs One Health Plaza East Hanover, NJ 07936-1080

Dear Dr. Pandhi:

Please refer to your Supplemental New Drug Application (sNDA) dated June 19, 2012, received June 20, 2012, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Coartem (artemether/lumefantrine) Tablets.

We acknowledge receipt of your amendments dated August 20, 2012, March 6, 2013, and April 12, 2013.

This "Prior Approval" supplemental new drug application provides for the following revisions to the labeling and for editorial revisions:

## HIGHLIGHTS OF PRESCRIBING INFORMATION

• Revisions to Recent Major Changes

## **5 WARNINGS AND PRECAUTIONS**

- Revisions to subsection 5.1 Prolongation of the QT Interval
- Revisions to subsection **5.2 Use of QT Prolonging Drugs and Other Antimalarials**

## **7 DRUG INTERACTIONS**

- Revisions to subsection 7.7 Sequential Use of Quinine
- Revisions to subsection **7.8 Interaction with Drugs that are Known to Prolong the QT Interval**

## **11 DESCRIPTION**

• Revisions to the chemical name for lumefantrine and artemether

## **12 CLINICAL PHARMACOLOGY**

• Revisions to subsections **12.3 Pharmacokinetics/Biotransformation**, **Pharmacokinetics/Elimination**, and **12.3 Pharmacokinetics/Antimalarials** 

## **13 NONCLINICAL TOXICOLOGY**

• Revisions to subsection 13.2 Animal Toxicology

#### **17 PATIENT COUNSELING INFORMATION**

- Revision to Information for Safe Use to delete certain non-sedating antihistamines (terfenadine, astemizole) and cisapride
- Revisions to address concomitant use of drugs that prolong the QT interval

#### **FDA-Approved Patient Labeling**

• Revisions to the section **"What should I tell my healthcare** provider before taking Coartem?" subsection, "Especially tell your doctor if you take:"

- o Deletion of antihistamines and Cisapride (Propulsid)
- Use of an additional birth control method if taking a hormonal birth control medicine

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

All promotional materials that include representations about your drug product must be promptly revised to be consistent with the labeling changes approved in this supplement, including any new safety information [21 CFR 314.70(a)(4)]. The revisions in your promotional materials should include prominent disclosure of the important new safety information that appears in the revised package labeling. Within 7 days of receipt of this letter, submit your statement of intent to comply with 21 CFR 314.70(a)(4) to the address above or by fax to (301) 847-8444.

## **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, call Mr. Gregory DiBernardo, Regulatory Project Manager, at (301) 796-4063.

Sincerely,

#### {See appended electronic signature page}

Sumathi Nambiar, M.D., M.P.H. Deputy Director for Safety Division of Anti-Infective Products Office of Antimicrobial Products Center for Drug Evaluation and Research

ENCLOSURE: Content of Labeling

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/s/

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SUMATHI NAMBIAR 04/29/2013