



NDA 020364/S-060

SUPPLEMENT APPROVAL

Novartis Pharmaceuticals Corporation
Attention: Orin Tempkin, Ph.D.
Executive Director, Drug Regulatory Affairs
One Health Plaza
East Hanover, NJ 07936-1080

Dear Dr. Tempkin:

Please refer to your Supplemental New Drug Application (sNDA) dated and received December 19, 2014, submitted under section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Lotrel (amlodipine besylate and benazepril hydrochloride) 2.5/10 mg, 5/10 mg, 5/20 mg, 5/40 mg, 10/20 mg, and 10/40 mg Capsules.

This supplemental new drug application provides for labeling revised as follows (additions are marked as underlined text and deletions are marked as ~~striketrough text~~):

In the Package Insert:

1. In **HIGHLIGHTS/RECENT MAJOR CHANGES**, the following text was added/deleted:

Boxed Warning: Fetal Toxicity	01/2012
Dosage and Administration (2)	10/2012
Contraindications (4)	10/2012
Warnings and Precautions: Fetal Toxicity (5.5)	01/2012
<u>Warnings and Precautions (5.1)</u>	<u>04/2015</u>
<u>Drug/Drug Interactions (7.1)</u>	<u>04/2015</u>

2. In **HIGHLIGHTS/DRUG INTERACTIONS**, the following bullet was added:

- The risk of angioedema may be increased in patients receiving coadministration of ACE inhibitors and mTOR inhibitors (7.1)

3. Under **WARNINGS AND PRECAUTIONS**, the following text was added:

Presumably because angiotensin-converting enzyme inhibitors affect the metabolism of eicosanoids and polypeptides, including endogenous bradykinin,

patients receiving ACE inhibitors (including Lotrel) may be subject to a variety of adverse reactions, some of them serious. These reactions usually occur after one of the first few doses of the ACE inhibitor, but they sometimes do not appear until after months of therapy. Black patients receiving ACE inhibitors have a higher incidence of angioedema compared to nonblacks.

Patients receiving coadministration of ACE inhibitor and mTOR (mammalian target of rapamycin) inhibitor (e.g., temsirolimus, sirolimus, everolimus) therapy may be at increased risk for angioedema [see Drug Interactions (7)].

4. Under **DRUG INTERACTIONS/Benazepril**, the following text was added:

Mammalian Target of Rapamycin (mTOR) Inhibitors: The risk of angioedema may be increased in patients receiving coadministration of ACE inhibitors and mTOR inhibitors (e.g., temsirolimus, sirolimus, everolimus).

5. Under **PATIENT COUNSELING INFORMATION**, the following text was added:

Advise the patient to read the FDA-approved patient labeling (Patient Information). Information for Patients

6. The **HIGHLIGHTS** section was edited to meet the ½ page requirement.
7. There are multiple editorial changes made throughout the label and PPI, too numerous to list (e.g. cross-references updated, NSAID replaced with nonsteroidal anti-inflammatory drugs, headings capitalized, i.v. replaced with intravenously, renin-angiotensin system replaced with RAS, etc.)
8. The revision date and version number were updated.

There are no other changes from the last approved package insert.

In the PPI:

1. Under the **What should I tell my Doctor before taking Lotrel?** section, the following bullet was added:
 - medicines used in organ transplant recipients or for treating some cancers (e.g temsirolimus, sirolimus, everolimus)
2. The revision date and version number were updated.

There are no other changes from the last approved package insert.

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

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), with the addition of any labeling changes in pending “Changes Being Effectuated” (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

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/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible from publicly available labeling repositories. Also within 14 days, amend all pending supplemental applications for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit the following, in triplicate, (1) a cover letter requesting advisory comments, (2) the proposed materials in draft or mock-up form with annotated references, and (3) the package insert(s) to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications
5901-B Ammendale Road
Beltsville, MD 20705-1266

You must submit final promotional materials and package insert(s), accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at <http://www.fda.gov/opacom/morechoices/fdaforms/cder.html>; instructions are provided on page 2 of the form. For more information about submission of promotional materials to the Division of Drug Marketing, Advertising, and Communications (DDMAC), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

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, please call:

Lori Anne Wachter, RN, BSN
Regulatory Project Manager for Safety
(301) 796-3975

Sincerely,

{See appended electronic signature page}

Mary Ross Southworth, PharmD.
Deputy Director for Safety
Division of Cardiovascular and Renal Products
Office of Drug Evaluation 1
Center for Drug Evaluation and Research

ENCLOSURE:
Content of Labeling

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

/s/

MARY R SOUTHWORTH
04/22/2015