



NDA 206073/S-007  
NDA 206073/S-009

**SUPPLEMENT APPROVAL**

Boehringer Ingelheim Pharmaceuticals, Inc.  
Attention: Daniel T. Coleman, Ph.D.  
Sr. Associate Director, Regulatory Affairs  
900 Ridgebury Road; P.O. Box 368  
Ridgefield, CT 06877

Dear Dr. Coleman:

Please refer to your Supplemental New Drug Application (sNDA), submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for the following:

NDA Number	Supplement Number	Drug Name	Dated	Received
206073	S-007	Glyxambi (empagliflozin and linagliptin) tablets	March 4, 2016	March 4, 2016
	S-009		November 4, 2016	November 4, 2016

**Supplement 007**

This Prior Approval sNDA proposes to update the Glyxambi label with results of the cardiovascular safety study 1245.25, the EMPA-REG OUTCOME trial. It also proposes to update the prescribing information (PI) to comply with the Pregnancy and Lactation Labeling Rule (PLLR).

**Supplement 009**

We also refer to our letter dated October 5, 2016, notifying you, under Section 505(o)(4) of the FDCA, of new safety information that we believe should be included in the labeling for DPP-4 inhibitor products. This information pertains to the risk of bullous pemphigoid.

This Prior Approval sNDA, provides for revisions to the labeling for Glyxambi, consistent with our October 5, 2016, letter and the labeling comments sent to you on November 22, 2016.

**APPROVAL & LABELING**

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.

## **WAIVER OF HIGHLIGHTS SECTION**

Please note that we have previously granted a waiver of the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of prescribing information.

## **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 Medication Guide), 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 that include labeling changes 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).

## **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.

We are waiving the pediatric study requirement for this supplemental application because necessary studies are impossible or highly impracticable. This was determined because macrovascular complications of diabetes mellitus require years to develop, and they are very rare in pediatric patients with diabetes mellitus. For a meaningful study to be conducted, the population would require a diagnosis of type 2 diabetes mellitus AND high cardiovascular risk.

The number of pediatric patients fitting these criteria is small, and the required length of follow-up would likely result in patients exceeding the pediatric age range. A clinical trial for the new proposed indication is therefore not feasible.

### **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:

OPDP Regulatory Project Manager  
Food and Drug Administration  
Center for Drug Evaluation and Research  
Office of Prescription Drug Promotion (OPDP)  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft Guidance for Industry (available at:

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf> ).

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/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>.

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, by fax to 301-847-8444, or electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft Guidance for Industry (available at:

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf> ).

**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 Michael G. White, Ph.D., Regulatory Project Manager, at (240) 402-6149.

Sincerely,

*{See appended electronic signature page}*

Jean-Marc Guettier, M.D.

Director

Division of Metabolism and Endocrinology Products

Office of Drug Evaluation II

Center for Drug Evaluation and Research

ENCLOSURE:

Content of 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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JEAN-MARC P GUETTIER  
12/23/2016