



NDA 205832/S-013

SUPPLEMENT APPROVAL

Boehringer Ingelheim Pharmaceuticals Inc.
900 Ridgebury Rd.
P.O. Box 368
Ridgefield, CT 06877-0368

Attention: Lorraine W. Sachs, M.S., RAC
Senior Associate Director

Dear Ms. Sachs:

Please refer to your supplemental new drug application (sNDA) dated September 9, 2019, received September 9, 2019, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for OFEV (nintedanib) Capsules.

This Prior Approval supplemental new drug application provides for the addition of a new indication: treatment for chronic fibrosing interstitial lung diseases with a progressive phenotype.

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.

WAIVER OF ½ PAGE LENGTH REQUIREMENT FOR HIGHLIGHTS

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 FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Insert), with the addition of any labeling changes in pending "Changes Being Effected" (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

¹ <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

Information on submitting SPL files using eList may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

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 Microsoft Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes. To facilitate review of your submission(s), 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 (which includes new salts and new fixed combinations), 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 in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for ages 0 to <6 years because there is evidence strongly suggesting that the drug product would be ineffective and/or unsafe in this pediatric group, such that the risk-benefit profile in this age group would not favor nintedanib use.

We are deferring submission of your pediatric study for ages 6 to 18 years for this application because this product is ready for approval for use in adults and the pediatric study have not been completed.

Your deferred pediatric study required by section 505B(a) of the Federal Food, Drug, and Cosmetic Act/FDCA are required postmarketing study. The status of this postmarketing study must be reported annually according to 21 CFR 314.81 and section 505B(a)(4)(C) of the Federal Food, Drug, and Cosmetic Act/FDCA. This required study is listed below.

3807-1 Conduct a randomized double-blind placebo-controlled trial of ≥ 24 weeks in pediatric patients ages 6 to less than 18 years with fibrosing interstitial lung disease with a progressive phenotype. The objective of this trial will

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

be to characterize the pharmacokinetics and safety in this population, as well as collect efficacy data.

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| Final Protocol Submission: | 06/2020 |
| Study Completion: | 06/2023 |
| Final Report Submission: | 03/2024 |

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.³

Submit the protocol(s) to your IND 129333, with a cross-reference letter to this NDA. Reports of this required pediatric postmarketing study must be submitted as a new drug application (NDA) or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from this study. When submitting the reports, please clearly mark your submission "**SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS**" in large font, bolded type at the beginning of the cover letter of the submission.

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 Prescribing Information 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 *Providing Regulatory Submissions in Electronic and Non-Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs*.⁴

³ See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019)*.

<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

⁴ When final, this guidance will represent the FDA's current thinking on this topic. For the most recent version of a guidance, check the FDA guidance web page at

<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

You must submit final promotional materials and Prescribing Information, 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 FDA.gov.⁵ Information and Instructions for completing the form can be found at FDA.gov.⁶ For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see FDA.gov.⁷

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 Jessica Lee, Regulatory Project Manager, at 301-796-3769.

Sincerely,

{See appended electronic signature page}

Sally M. Seymour, MD
Director
Division of Pulmonary, Allergy, and
Rheumatology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

⁷ <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

BANU A KARIMI SHAH

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signing with the delegated authority of Dr. Sally Seymour, Division Director, DPARP