

NDA 213260

NDA APPROVAL

CMP Development LLC
Attention: Ellen Chrismon
Regulatory Affairs Director
8026 East Malboro Road
Farmville, NC 27828

Dear Ms. Chrismon:

Please refer to your new drug application (NDA) dated and received January 13, 2020, and your amendments, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Atorvaliq (atorvastatin calcium) oral suspension.

We acknowledge receipt of your amendment dated August 1, 2022, which constituted a complete response to our October 16, 2020, action letter.

This NDA provides for the use of Atorvaliq (atorvastatin calcium) oral suspension:

- To reduce the risk of:
 - Myocardial infarction (MI), stroke, revascularization procedures, and angina in adults with multiple risk factors for coronary heart disease (CHD) but without clinically evident CHD.
 - MI and stroke in adults with type 2 diabetes mellitus with multiple risk factors for CHD but without clinically evident CHD.
 - Non-fatal MI, fatal and non-fatal stroke, revascularization procedures, hospitalization for congestive heart failure, and angina in adults with clinically evident CHD
- As an adjunct to diet to reduce low-density lipoprotein cholesterol (LDL-C) in:
 - Adults with primary hyperlipidemia.
 - Adults and pediatric patients aged 10 years and older with heterozygous familial hypercholesterolemia (HeFH).
- As an adjunct to other LDL-C lowering therapies, or alone if such treatments are unavailable, to reduce LDL-C in adults and pediatric patients aged 10 years and older with homozygous familial hypercholesterolemia (HoFH)
- As an adjunct to diet for the treatment of adults with:
 - Primary dysbetalipoproteinemia.
 - Hypertriglyceridemia.

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

We are waiving the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of Prescribing Information. This waiver applies to all future supplements containing revised labeling unless we notify you otherwise.

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) 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 *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed container labeling that is identical to the enclosed container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *SPL Standard for Content of Labeling Technical Qs & As*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 213260.**” Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Atorvaliq (atorvastatin calcium) oral suspension shall be 24 months from the date of manufacture when stored at 20°C to 25°C.

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

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>.

Results of ongoing stability should be submitted throughout the dating period in your annual report.

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 pediatric patients with cardiovascular disease, mixed dyslipidemia, familial hypertriglyceridemia, and dysbetalipoproteinemia for this application because these diseases are generally rare or are difficult to diagnose in the pediatric population, which would make pediatric studies in these indications impossible or highly impracticable. Additionally, the primary recommended therapeutic intervention for many forms of hyperlipidemia in children (including mixed dyslipidemia and hypertriglyceridemia) is lifestyle modification, which is generally effective.

We are waiving the pediatric study requirement for pediatric patients aged birth to < 10 years of age with HeFH because necessary studies would be impossible or highly impracticable and the standard of care, which is based on lifestyle modification, is highly effective.

We are waiving the pediatric study requirement for pediatric patients aged birth to < 10 years of age with HoFH because necessary studies would be impossible or highly impracticable especially as HoFH is a rare disease.

This product is appropriately labeled for use in patients aged 10 years and older with HeFH. Therefore, no additional pediatric studies are needed at this time.

This product is appropriately labeled for use in patients aged 10 years and older with HoFH. Therefore, no additional pediatric studies are needed at this time.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs*.³

³ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.⁴ Information and Instructions for completing the form can be found at FDA.gov.⁵

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, contact Martin White, MS, Regulatory Project Manager, at 240-402-6018.

Sincerely,

{See appended electronic signature page}

John Sharretts, M.D.
Director
Division of Diabetes, Lipid Disorders, and Obesity
Office of Cardiology, Hematology,
Endocrinology, and Nephrology
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert
- Container Labeling

⁴ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

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/

JOHN M SHARRETTS
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