

NDA 216956

NDA APPROVAL

Pfizer Inc
Attention: Monique Small, PharmD
Senior Director, Global Regulatory Strategy
500 Arcola Road
Collegeville, PA 19426

Dear Dr. Small:

Please refer to your new drug application (NDA) dated and received October 14, 2022, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Velsipity (etrasimod) tablets.

This NDA provides for the use of Velsipity (etrasimod) tablets for the treatment of moderately to severely active ulcerative colitis in adults.

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, with minor editorial revisions listed below and reflected in the enclosed labeling.

- Within the Prescribing Information, under section 5.2: Bradyarrhythmia and Atrioventricular Conduction Delays, subsection Atrioventricular Conduction Delays, the duplicate (b) (4) was removed.

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 Medication Guide) 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

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>.

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling and carton and container labeling submitted on June 27 and July 12, 2023, 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 216956.**” 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 Velsipity (etrasimod) tablets shall be 24 months from the date of manufacture when stored at 20°C to 25°C and excursions permitted to 15°C to 30°C.

ADVISORY COMMITTEE

Your application for Velsipity (etrasimod) was not referred to an FDA advisory committee because the application did not raise significant safety or efficacy issues that were unexpected for a drug of this class.

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 studies requirement for ages 0 to 2 years because necessary studies are impossible or highly impracticable. This is because of the rarity of the disease in this population.

We are deferring submission of your pediatric studies for ages 2 years to less than 18 years for this application because this product is ready for approval for use in adults and the pediatric studies have not been completed.

Your deferred pediatric studies required under section 505B(a) of the Federal Food, Drug, and Cosmetic Act are required postmarketing studies. The status of these

postmarketing studies must be reported annually according to 21 CFR 314.81 and section 505B(a)(4)(C) of the Federal Food, Drug, and Cosmetic Act. These required studies are listed below.

4499-1 Complete the ongoing phase 2 study to evaluate the safety, efficacy, pharmacokinetics, and pharmacodynamics of Velsipity (etrasimod) in pediatric patients 12 to less than 18 years of age with moderately to severely active ulcerative colitis.

Study Completion: 11/2025

Final Report Submission: 05/2026

4499-2 Conduct a one-year study to evaluate the safety, efficacy, pharmacokinetics, and pharmacodynamics of Velsipity (etrasimod) in pediatric patients 2 to less than 18 years of age with moderately to severely active ulcerative colitis.

Final Protocol Submission: 02/2024

Study Completion: 02/2028

Final Report Submission: 08/2028

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 protocols to your IND 125154, with a cross-reference letter to this NDA. Reports of these required pediatric postmarketing studies must be submitted as an NDA or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from these studies. 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.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to identify an

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>.

U.S. Food and Drug Administration

Silver Spring, MD 20993

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unexpected serious risk of the potential presence of Velsipity (etrasimod) in human breast milk resulting in effects on the breastfed infant, or to identify an unexpected serious risk of adverse maternal, fetal, and infant outcomes resulting from the use of Velsipity (etrasimod) during pregnancy.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess these serious risks.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

- 4499-3 Perform a lactation study (milk only) in lactating women who have received Velsipity (etrasimod), regardless of indication, to assess concentrations of etrasimod in breast milk using a validated assay and to assess the effects on the breastfed infant.

The timetable you submitted on October 5, 2023, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	06/2024
Final Protocol Submission:	11/2024
Study Completion:	11/2026
Final Report Submission:	11/2027

- 4499-4 Collect data from a prospective pregnancy exposure registry, preferably a disease-based multiproduct pregnancy registry, using a cohort analysis that compares the maternal, fetal, and infant outcomes of women exposed to etrasimod regardless of indication during pregnancy with unexposed comparator population(s) in a timely manner. Align the study protocol with protocol(s) outside the US to reach the target sample size. The registry will identify and record pregnancy complications, major and minor congenital malformations, spontaneous abortion, stillbirths, elective terminations, preterm births, small-for-gestational-age births, and any other adverse outcomes, including postnatal growth and development. Outcomes described in the protocol will be assessed throughout pregnancy. Infant outcomes, including effects on postnatal growth and development, will be assessed through at least the first year of life.

The timetable you submitted on October 5, 2023, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	05/2024
Final Protocol Submission:	01/2025

Study Completion:	09/2032
Final Report Submission:	09/2033

4499-5 Conduct an additional pregnancy study that uses a different design from the prospective pregnancy registry established to fulfill postmarketing requirement 4499-4 (for example a retrospective cohort study using claims or electronic medical record data or a case-control study) to assess major congenital malformations, spontaneous abortions, stillbirths, small for gestational age births, and preterm births in women exposed to etrasimod regardless of indication during pregnancy compared to an unexposed control population.

The timetable you submitted on October 5, 2023, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	05/2024
Final Protocol Submission:	01/2025
Study Completion:	03/2031
Final Report Submission:	03/2032

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.⁴

Submit clinical protocols to your IND 125154, with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final reports to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).

Submission of the protocols for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312.

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B(a)(1) of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

⁴ 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>.

FDA will consider the submission of your annual report under section 506B(a)(1) and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

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*.⁵

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.⁶ Information and Instructions for completing the form can be found at FDA.gov.⁷

⁵ For the most recent version of a guidance, check the FDA guidance web page at

<https://www.fda.gov/media/128163/download>.

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁷ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

POST APPROVAL FEEDBACK MEETING

New molecular entities qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, contact Anum Shami, PharmD, Regulatory Project Manager, at 301-837-7103 or anum.shami@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Nikolay Nikolov, MD
Acting Director
Office of Immunology and Inflammation
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Medication Guide
- Carton and Container Labeling

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/

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