

**CENTER FOR DRUG EVALUATION AND RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**022523Orig1s000**

***Trade Name:*** Pancreaze, delayed-release capsules

***Generic Name:*** Pancrelipase

***Sponsor:*** McNeil Pediatrics, a Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.  
c/o Johnson & Johnson Pharmaceutical Research & Development, L.L.C.

***Approval Date:*** April 12, 2010

***Indications:*** A combination of porcine-derived lipases, proteases, and amylases indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions

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**APPROVAL LETTER**



NDA 022523

**NDA APPROVAL**

Ortho-McNeil-Janssen Pharmaceuticals, Inc.  
c/o Johnson & Johnson Pharmaceutical Research & Development, L.L.C., U.S. Agent  
Attention: Iona J. Scott  
Director, CNS/IM Global Regulatory Affairs  
920 Route 202 South  
Raritan, NJ 08869

Dear Ms. Scott:

Please refer to your June 23, 2009, New Drug Application (NDA), received June 23, 2009, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Pancreaze (pancrelipase) Delayed-Release Capsules.

We acknowledge receipt of your submissions dated June 23, 2009, June 26, 2009, July 24, 2009, August 10, 2009, August 13, 2009, August 24, 2009, September 14, 2009, October 13, 2009, October 19, 2009, October 28, 2009, October 30, 2009, November 11, 2009, December 23, 2009, January 4, 2010, January 25, 2010, January 27, 2010, January 29, 2010, February 1, 2010, February 4, 2010, February 4, 2010, February 8, 2010, February 10, 2010, March 5, 2010, March 9, 2010, March 22, 2010, March 30, 2010, April 7, 2010, April 9, 2010, and April 12, 2010.

This new drug application provides for the use of Pancreaze (pancrelipase) Delayed-Release Capsules for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions.

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 text.

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, please submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format, as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>, that is identical to the enclosed labeling (text for the package insert and Medication Guide). For administrative purposes, please designate this submission, "**SPL for approved NDA 022523.**"

We request that the labeling approved today be available on your website within 10 days of receipt of this letter.

### **CARTON AND IMMEDIATE CONTAINER LABELS**

Submit final printed carton and container labels that are identical to the carton and immediate container labels submitted on April 6, 2010, as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (October 2005)*.

Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “**Final Printed Carton and Container Labels for approved NDA 022523.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

### **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 in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for ages birth to 1 month because necessary studies are impossible or highly impracticable. This is because patients are not usually diagnosed before the age of 1 month, so there would not be enough eligible patients in this age range to study.

We note that you have fulfilled the pediatric study requirement for ages 1 years to 17 years for this application. The pediatric requirement for 1 month to 1 year is not fulfilled due to the lack of age appropriate formulation.

We are deferring submission of an age appropriate formulation. The status must be reported annually according to 21 CFR 314.81 and section 505B(a)(3)(B) of the FDCA. This requirement is listed below.

- 1629-1. Deferred requirement for development of an age appropriate formulation for PANCREAZE (pancrelipase) Delayed-Release Capsules to allow for dosing to the youngest, lowest weight pediatric patients, including infants less than 12 months of age who will be administered 2,000 to 4,000 lipase units per 120 mL of formula or per

breast-feeding. Submit a supplement for an age appropriate formulation by **October, 2012**.

Submit final study reports to this NDA. For administrative purposes, all submissions related to this required pediatric postmarketing study must be clearly designated “**Required Pediatric Assessments**”.

### **POSTMARKETING REQUIREMENTS UNDER 505(o)**

Section 505(o) of the 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 (section 505(o)(3)(A)).

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 assess a known serious risk of fibrosing colonopathy and the unexpected serious risk of transmission of viral disease to patients.

Furthermore, the new pharmacovigilance system that FDA is required to establish under section 505(k)(3) of the FDCA has not yet been established and is not sufficient to assess these serious risks.

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

- 1629-2. A 10 year, observational study to prospectively evaluate the incidence of fibrosing colonopathy in patients with cystic fibrosis treated with PANCREAZE (pancrelipase) Delayed-Release Capsules in the U.S. and to assess potential risk factors for the event.

The timetable you submitted on April 12, 2010 states that you will conduct this study according to the following timetable:

<b>Final Protocol Submission:</b>	<b>June, 2011</b>
<b>Study Completion Date:</b>	<b>January, 2022</b>
<b>Final Report Submission:</b>	<b>August, 2022</b>

- 1629-3. A 10 year, observational study to prospectively evaluate the risk of transmission of selected porcine viruses in patients taking PANCREAZE (pancrelipase) Delayed-Release Capsules.

The timetable you submitted on April 9, 2010 states that you will conduct this study according to the following timetable:

<b>Final Protocol Submission:</b>	<b>June, 2011</b>
<b>Study Completion Date:</b>	<b>December, 2021</b>
<b>Final Report Submission:</b>	<b>September, 2022</b>

Submit the protocol to your IND 074893, with a cross-reference letter to this NDA 022523. Submit 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)**

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 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.

FDA will consider the submission of your annual report under section 506B 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.

#### **POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments in your submission dated April 12, 2010. These commitments are listed below.

1629-4. Initiate and complete the proposed studies (Protocol #s 04020298 & 04020299) that evaluate the stability of PANCREAZE under conditions of use.

#### **Final Report Submission by September 30, 2011**

1629-5. Re-evaluate the acceptance criteria for the protease and amylase assays after more experience is gained with the PANCREAZE manufacturing process. After 50 lots of low-potency microtablets and 25 lots of high-potency microtablets are manufactured, specifications will be re-evaluated and adjusted to reflect manufacturing history and capability.

#### **Final Report Submission by March 31, 2013**

1629-6. Develop and validate an infectious assay for PCV1.

#### **Final Report Submission by January 31, 2011**

1629-7. Establish lot release specifications for PCV1 for the drug substance.

**Final Report Submission by July 31, 2011**

1629-8. Perform additional monitoring of viral load entering the manufacturing process. The control program will include monitoring for human pathogenic viruses by qPCR. An appropriate control strategy will then be implemented.

**Final Report Submission by July 31, 2011**

1629-9. Improve the sensitivity of the qPCR assays used for drug substance release testing in order to provide adequate assurance that released drug substance will not contain EMCV, HEV, PEV-9, Reo1/3, Rota, Influenza, VSV-IND, and VSV-NJ viruses. Revise the assays, and submit assay validation data, together with acceptance criteria.

**Final Report Submission by January 31, 2011**

1629-10 Perform *in vitro* studies to determine the feasibility of administering the contents of PANCREAZE (pancrelipase) Delayed-Release Capsules through a gastrostomy tube.

**Final Report Submission by December 30, 2010**

Submit clinical protocols to your IND 074893 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled “**Postmarketing Commitment Protocol**,” “**Postmarketing Commitment Final Report**,” or “**Postmarketing Commitment Correspondence**.”

**RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS**

Section 505-1 of the FDCA authorizes FDA to require the submission of a Risk Evaluation and Mitigation Strategy (REMS) if FDA determines that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks (section 505-1(a)). The details of the REMS requirements were outlined in our REMS notification letter dated September 24, 2009.

Your proposed REMS, submitted on April 12, 2010, and appended to this letter, is approved. The REMS consists of the Medication Guide included with this letter and the timetable for submission of assessments of the REMS.

The REMS assessment plan should include but is not limited to the following:

- a. An evaluation of patients' understanding of the serious risks of Pancreaze (pancrelipase).
- b. A report on periodic assessments of the distribution and dispensing of the Medication Guide in accordance with 21 CFR 208.24.
- c. A report on failures to adhere to distribution and dispensing requirements, and corrective actions taken to address noncompliance.

The requirements for assessments of an approved REMS under section 505-1(g)(3) include, in section 505-1(g)(3)(B) and (C), requirements for information on the status of any post approval study or clinical trial required under section 505(o) or otherwise undertaken to investigate a safety issue. You can satisfy these requirements in your REMS assessments by referring to relevant information included in the most recent annual report required under section 506B and 21 CFR 314.81(b)(2)(vii) and including any updates to the status information since the annual report was prepared. Failure to comply with the REMS assessments provisions in 505-1(g) could result in enforcement action.

We remind you that in addition to the assessments submitted according to the timetable included in the approved REMS, you must submit a REMS assessment and may propose a modification to the approved REMS when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A) of FDCA.

Prominently identify submissions containing REMS assessments or proposed modifications of the REMS with the following wording in bold capital letters at the top of the first page of the submission:

- **NDA 022523 REMS ASSESSMENT**
- **NEW SUPPLEMENT FOR NDA 022523**
  - **PROPOSED REMS MODIFICATION**
  - **REMS ASSESSMENT**
- **NEW SUPPLEMENT FOR (NEW INDICATION FOR USE) FOR NDA 022523**
  - **REMS ASSESSMENT**
  - **PROPOSED REMS MODIFICATION (if included)**

If you do not submit electronically, please send 5 copies of REMS-related submissions.

### **PROMOTIONAL MATERIALS**

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

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. For instruction on completing the Form FDA 2253, see 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>.

### **LETTERS TO HEALTH CARE PROFESSIONALS**

If you issue a letter communicating important safety-related information about this drug product (i.e., a “Dear Health Care Professional” letter), we request that you submit an electronic copy of the letter to both this NDA and to the following address:

MedWatch  
Food and Drug Administration  
Suite 12B-05  
5600 Fishers Lane  
Rockville, MD 20857

### **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 Stacy Barley, Regulatory Project Manager, at (301) 796-2137.

Sincerely,

*{See appended electronic signature page}*

Julie Beitz, M.D.  
Director  
Office of Drug Evaluation III  
Center for Drug Evaluation and Research

Enclosures: Package Insert, Medication Guide, REMS