

# CENTER FOR DRUG EVALUATION AND RESEARCH

## Approval Package for:

### ***APPLICATION NUMBER:***

**761024Orig1s000**

***Trade Name:*** Amjevita

***Generic or Proper Name:*** adalimumab-atto

***Sponsor:*** Amgen Inc.

***Approval Date:*** September 23, 2016

***Indication:***

1. Rheumatoid Arthritis:

- reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis.

2. Juvenile Idiopathic Arthritis:

- reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients 4 years of age and older.

3. Psoriatic Arthritis:

- reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis.

4. Ankylosing Spondylitis:

- reducing signs and symptoms in adult patients with active ankylosing spondylitis.

5. Adult Crohn's Disease:

- reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy.

- reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab.

6. Ulcerative Colitis:

- inducing and sustaining clinical remission in adult patients with moderately to severely active ulcerative colitis who have had an inadequate response to immunosuppressants such as corticosteroids, azathioprine or 6-mercaptopurine (6-MP).

7. Plaque Psoriasis:

- the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate.

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*APPLICATION NUMBER:*

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**APPROVAL LETTER**



BLA 761024

**BLA APPROVAL**

Amgen Inc.  
One Amgen Center Drive  
Mail Stop 28-2-D  
Thousand Oaks, CA 91320-1799

Attention: Augustus Kamassah, MS, RAC  
Senior Manager, Global Biosimilars Regulatory Affairs

Dear Mr. Kamassah:

Please refer to your Biologics License Application (BLA) dated November 25, 2015, received November 25, 2015, and your amendments, submitted under section 351(k) of the Public Health Service Act for Amjevita (adalimumab-atto) Injection, 20 mg/0.4 mL and 40 mg/0.8 mL.

**LICENSING**

We have approved your BLA for Amjevita (adalimumab-atto) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, Amjevita under your existing Department of Health and Human Services U.S. License No. 1080. Amjevita is indicated for:

1. Rheumatoid Arthritis:
  - reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in adult patients with moderately to severely active rheumatoid arthritis.
2. Juvenile Idiopathic Arthritis:
  - reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients 4 years of age and older.
3. Psoriatic Arthritis:
  - reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in adult patients with active psoriatic arthritis.
4. Ankylosing Spondylitis:
  - reducing signs and symptoms in adult patients with active ankylosing spondylitis.

5. Adult Crohn's Disease:
  - reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy.
  - reducing signs and symptoms and inducing clinical remission in these patients if they have also lost response to or are intolerant to infliximab.
6. Ulcerative Colitis:
  - inducing and sustaining clinical remission in adult patients with moderately to severely active ulcerative colitis who have had an inadequate response to immunosuppressants such as corticosteroids, azathioprine or 6-mercaptopurine (6-MP).
7. Plaque Psoriasis:
  - the treatment of adult patients with moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate.

### **MANUFACTURING LOCATIONS**

Under this license, you are approved to manufacture adalimumab-atto drug substance at Amgen, Inc., Thousand Oaks, CA. The final formulated product will be manufactured, filled, labeled, and packaged at Amgen Manufacturing Ltd (AML) in Juncos, Puerto Rico. You may label your product with the proprietary name, Amjevita, and will market it in a single-use, 1-mL prefilled glass syringe (40 mg/0.8 mL or 20 mg/0.4 mL Injection) or as a single-use, prefilled SureClick® autoinjector (40 mg/0.8 mL Injection).

### **DATING PERIOD**

The dating period for Amjevita shall be 30 months from the date of manufacture when stored at 2-8 °C. The date of manufacture shall be defined as the date of final sterile filtration of the formulated drug product. The dating period for your drug substance shall be (b) (4) months from the date of manufacture when stored at (b) (4) °C.

We have approved the stability protocol(s) in your license application for the purpose of extending the expiration dating period of your drug substance and drug product under 21 CFR 601.12.

### **FDA LOT RELEASE**

You are not currently required to submit samples of future lots of Amjevita (adalimumab-atto) to the Center for Drug Evaluation and Research (CDER) for release by the Director, CDER, under 21 CFR 610.2. We will continue to monitor compliance with 21 CFR 610.1, requiring

completion of tests for conformity with standards applicable to each product prior to release of each lot.

Any changes in the manufacturing, testing, packaging, or labeling of Amjevita (adalimumab-atto), or in the manufacturing facilities, will require the submission of information to your biologics license application for our review and written approval, consistent with 21 CFR 601.12.

### **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 text.

### **WAIVER OF HIGHLIGHTS SECTION**

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, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 601.14(b)] in structured product labeling (SPL) format, 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, text for the Instructions for Use, Medication Guide). 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/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

In addition, within 14 days of the date of this letter, amend any pending supplement that includes labeling changes for this BLA with content of labeling in SPL format to include the changes approved in this supplement.

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

Submit final printed carton and container labels that are identical to the enclosed carton and immediate container labels, 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 — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (May 2015)”. 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 BLA 761024.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with final printed labeling (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(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

The following comments pertain to Rheumatoid Arthritis indication:

We are waiving the pediatric studies requirement for the Polyarticular Juvenile Idiopathic Arthritis (pJIA) in pediatric patients 0 to less than 2 years of age because necessary studies are impossible or highly impracticable given that the disease is rarely diagnosed in this population.

We are deferring the required pediatric assessment for pediatric patients 2 years to less than 4 years of age. See Deferred Pediatric Assessments below.

The following comment pertains to Psoriatic Arthritis indication:

We are waiving the pediatric study requirements for pediatric patients 0 to 17 years of age for this indication because necessary studies are impossible or highly impracticable.

The following comment pertains to Ankylosing Spondylitis indication:

We are waiving the pediatric study requirements for pediatric patients 0 to 17 years of age for this indication because necessary studies are impossible or highly impracticable.

The following comments pertain to Crohn’s Disease indication:

We are waiving the pediatric study requirements for pediatric patients with Crohn’s disease less than 6 years of age because necessary studies for this product (i.e., dedicated studies limited to pediatric patients 2 years to less than 6 years of age) are impossible or highly impracticable. Additionally, this condition is rare in patients less than 2 years of age.

We are deferring the required pediatric assessment for pediatric patients 6 years to 17 years of age. See Deferred Pediatric Assessments below.

The following comments pertain to Ulcerative Colitis indication:

We are waiving the pediatric study requirements for pediatric patients with ulcerative colitis less than 5 years of age because necessary studies for this product (i.e., dedicated studies limited to pediatric patients 2 years to less than 5 years of age) are impossible or highly impracticable. Additionally, this condition is rare in patients less than 2 years of age.

We are deferring the required pediatric assessment for pediatric patients 5 to 17 years of age. See Deferred Pediatric Assessments below.

The following comment pertains to Plaque Psoriasis indication:

We are waiving the pediatric study requirements for pediatric patients 0 to 17 years of age for this indication because evidence strongly suggests this product would be unsafe in this age group.

### **Deferred Pediatric Assessments**

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 601.28 and section 505B(a)(3)(C) of the Federal Food, Drug, and Cosmetic Act. These required studies are listed below.

3125-1      Assessment of Amjevita (adalimumab-atto) for the treatment of Polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years to less than 4 years of age.

The timetable you submitted on September 14, 2016, states that you will conduct this study according to the following schedule:

Final Report Submission Date: September 2021

3125-2      Assessment of Amjevita (adalimumab-atto) for the treatment of pediatric Crohn's disease in pediatric patients 6 years to 17 years of age.

The timetable you submitted on September 14, 2016, states that you will conduct this study according to the following schedule:

Final Report Submission Date: September 2021

3125-3      Assessment of Amjevita (adalimumab-atto) for the treatment of pediatric ulcerative colitis in pediatric patients 5 years to 17 years of age.

The timetable you submitted on September 19, 2016, states that you will conduct this study according to the following schedule:



Final Report Submission Date: December 2020

3125-4      Develop a presentation that can be used to accurately administer Amjevita (adalimumab-atto) to pediatric patients who weigh less than 15 kg.

The timetable you submitted on September 14, 2016, states that you will conduct this study according to the following schedule:

Final Report Submission Date: September 2021

Submit the protocols to your IND 111714, with a cross-reference letter to this BLA.

Reports of these required pediatric postmarketing studies must be submitted as a BLA or as a supplement to your approved BLA 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 COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments:

3125-5      Perform a drug product shipping study using the approved commercial shipping lane to evaluate the impact of shipment on product quality.

The timetable you submitted on September 6, 2016, states that you will conduct this study according to the following schedule:

Final Report submission Date:      July 2017

3125-6      Perform supplemental method validation and introduce a non-reduced CE-SDS test into the integrated control strategy for drug substance manufacture. Submit the analytical procedure, validation report, the proposed acceptance criterion, and the data used to set the acceptance criterion that will be provided in a CBE-0 supplement.

The timetable you submitted on September 6, 2016, states that you will conduct this study according to the following schedule:

Final Report Submission Date:      December 2016

Submit clinical protocols to your IND 111714 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this BLA. In addition, under 21 CFR 601.70 you should include a status summary of each commitment in

your annual progress report of postmarketing studies to this BLA. 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.**”

### **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  
Office of Prescription Drug Promotion  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

As required under 21 CFR 601.12(f)(4), you must submit final promotional materials, and the package insert, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. 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>.

### **REPORTING REQUIREMENTS**

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80). You should submit postmarketing adverse experience reports to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Central Document Room  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Prominently identify all adverse experience reports as described in 21 CFR 600.80.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (21 CFR 600.81).

You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA-3486 to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Compliance Risk Management and Surveillance  
5901-B Ammendale Road  
Beltsville, MD 20705-1266

Biological product deviations, sent by courier or overnight mail, should be addressed to:

Food and Drug Administration  
Center for Drug Evaluation and Research  
Division of Compliance Risk Management and Surveillance  
10903 New Hampshire Avenue, Bldg. 51, Room 4206  
Silver Spring, MD 20903

If you have any questions, call Sadaf Nabavian, Senior Regulatory Project Manager, at (301) 796-2777.

Sincerely,

*{See appended electronic signature page}*

Badrul A. Chowdhury, M.D., Ph.D.  
Director  
Division of Pulmonary, Allergy, and Rheumatology  
Products  
Office of Drug Evaluation II  
Center for Drug Evaluation and Research

ENCLOSURE(S):

Content of Labeling  
Carton and Container 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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BADRUL A CHOWDHURY  
09/23/2016