

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

210895Orig1s000

Trade Name: Welchol chewable bar, 3.75grams

Generic or Proper Name: Colesevelam Hydrochloride

Sponsor: Daiichi Sankyo Inc.

Approval Date: April 3, 2019

Indication: Welchol is a bile acid sequestrant indicated as an adjunct to diet and exercise to:

- reduce elevated low-density lipoprotein cholesterol (LDL-C) in adults with primary hyperlipidemia.
- reduce LDL-C levels in boys and postmenarchal girls, 10 to 17 years of age, with heterozygous familial hypercholesterolemia (HeFH).
- improve glycemic control in adults with type 2 diabetes mellitus.

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APPROVAL LETTER



NDA 210895

NDA APPROVAL

Daiichi Sankyo Inc.
Attention: Linda Nelson, PhD
Director, Regulatory Affairs
211 Mount Airy Road
Basking Ridge, NJ 07920-2311

Dear Dr. Nelson:

Please refer to your New Drug Application (NDA) dated and received October 30, 2017, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Welchol (colesevelam HCl) chewable bar, 3.75 grams.

We acknowledge receipt of your amendment dated October 3, 2018, which constituted a complete response to our August 24, 2018, action letter.

This new drug application provides for a new dosage form, a chewable bar, indicated as an adjunct to diet and exercise to:

- reduce elevated low-density lipoprotein cholesterol (LDL-C) in adults with primary hyperlipidemia as monotherapy or in combination with a hydroxymethyl-glutaryl-coenzyme A (HMG CoA) reductase inhibitor (statin).
- reduce LDL-C levels in boys and postmenarchal girls, 10 to 17 years of age, with heterozygous familial hypercholesterolemia as monotherapy or in combination with a statin after failing an adequate trial of diet therapy.
- improve glycemic control in adults with type 2 diabetes mellitus.

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 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

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

labeling must be identical to the enclosed labeling (text for the Prescribing Information) 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*, available at

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>

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 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 titled *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (April 2018, Revision 5)*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 210895.**” Approval of this submission by FDA is not required before the labeling is used.

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.

For the indication of reduction of elevated low-density lipoprotein cholesterol (LDL-C) in adults with primary hyperlipidemia as monotherapy or in combination with a hydroxymethyl-glutaryl-coenzyme A (HMG CoA) reductase inhibitor (statin), we are waiving the pediatric study requirement for ages 0-9 years because necessary studies are impossible or highly impracticable due to the limited population of hypercholesterolemia in this age group. We note that you have fulfilled the pediatric study requirement for ages 10-17 years for this application.

For the indication of reduction in LDL-C levels in boys and postmenarchal girls, 10 to 17 years of age, with heterozygous familial hypercholesterolemia as monotherapy or in combination with a statin after failing an adequate trial of diet therapy, we are waiving the pediatric study requirement for ages 0-9 years because necessary studies are impossible or highly impracticable due to the limited population of hypercholesterolemia in this age group. We note that you have fulfilled the pediatric study requirement for ages 10-17 years for this application.

For the indication of improvement in glycemic control in adults with type 2 diabetes mellitus, we are waiving the pediatric study requirement for ages 0 through 9 years, inclusive, because the low prevalence of the disease in children below 10 years of age makes the conduct of pediatric studies in this age group highly impracticable.

We are deferring submission of your pediatric study for ages 10 to 17 years for this application because this product is ready for approval for use in adults and the pediatric study has not been completed.

Your deferred pediatric study required by section 505B(a) of the Federal Food, Drug, and Cosmetic Act is a 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. This required study is listed below.

3593-1	Deferred, 1-year, pediatric efficacy and safety study under PREA for the treatment of type 2 diabetes in pediatric patients ages 10 to 17 years.
	Draft Protocol Submission September 2021
	Final Protocol Submission: March 2022
	Study Completion: June 2027
	Final Report Submission: September 2027

Submit the protocols to your IND 68466, 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 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.

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 Prescribing Information, Medication Guide, and Patient Package Insert (as applicable) to:

OPDP Regulatory Project Manager
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
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 (available at: <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf>).

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 <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

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 Kati Johnson, Senior Regulatory Project Manager, at 301-796-1234.

Sincerely,

{See appended electronic signature page}

William Chong, MD
Deputy Director (Acting)
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

ENCLOSURES:

Content of Labeling
Prescribing Information
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/

WILLIAM H CHONG
04/03/2019 01:22:37 PM