

# CENTER FOR DRUG EVALUATION AND RESEARCH

**Approval Package for:**

***APPLICATION NUMBER:***

**202293Orig1s024**

***Trade Name:*** FARXIGA tablets

***Generic or Proper Name:*** dapagliflozin

***Sponsor:*** AstraZeneca AB

***Approval Date:*** April 30, 2021

***Indication:*** To reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression

# CENTER FOR DRUG EVALUATION AND RESEARCH

## 202293Orig1s000

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*APPLICATION NUMBER:*

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**APPROVAL LETTER**



NDA 202293/S-024

**SUPPLEMENT APPROVAL**

AstraZeneca AB  
c/o AstraZeneca Pharmaceuticals LP  
Attention: Nicole Shepard  
Director, Global Regulatory Affairs  
One MedImmune Way  
Gaithersburg, MD 20878

Dear Ms. Shepard:

Please refer to your supplemental new drug application (sNDA) dated and received November 3, 2020, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for FARXIGA (dapagliflozin) Tablets.

This Prior Approval supplemental new drug application provides for the addition of the following new indication:

To reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression.

**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**

Please note that we have previously granted a waiver of the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of Prescribing Information.

**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.<sup>1</sup> Content of labeling must be identical to the enclosed labeling (text for the

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

Prescribing Information and Medication Guide), with the addition of any labeling changes in pending “Changes Being Effected” (CBE) supplements, 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*.<sup>2</sup>

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in Microsoft Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes. To facilitate review of your submission(s), provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

### **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 this application because necessary studies are impossible or highly impracticable.

- For the indication *to reduce the risk of sustained eGFR decline, end-stage kidney disease, and cardiovascular death in adults with chronic kidney disease at risk of progression*: There is not a good understanding of the mechanism(s) of dapagliflozin’s clinical benefits in adults with chronic kidney disease (CKD). Given the differences in etiologies of CKD in adults and children, one cannot assume the benefits observed in adults will translate to pediatric patients, and, to date, a suitable biomarker to bridge the findings in adults to children has not been identified. In adults with non-diabetic causes of CKD enrolled in the DAPA-CKD trial, the treatment effect of dapagliflozin on urine albumin-to-creatinine ratio (UACR) was small and accounted for a minor proportion of the effect on clinical outcomes. Absent compelling data to support a biomarker-based approach, it is not clear it is feasible to conduct a clinical study in pediatric patients with CKD at present.

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<sup>2</sup> 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>.

- For the indication *to reduce the risk of hospitalization for heart failure in adults with chronic kidney disease*: Heart failure in pediatric patients with CKD is rare.

## **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*.<sup>3</sup>

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

## **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, please contact Sabry Soukehal, Regulatory Health Project Manager, at (240) 402 6187.

Sincerely,

*{See appended electronic signature page}*

Aliza Thompson, MD, MS  
Deputy Director  
Division of Cardiology and Nephrology  
Office of Cardiology, Hematology, Endocrinology,  
and Nephrology  
Center for Drug Evaluation and Research

## **ENCLOSURE(S):**

- Content of Labeling
  - Prescribing Information
  - Medication Guide

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<sup>3</sup> For the most recent version of a guidance, check the FDA guidance web page at

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

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

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

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**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.**  
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/s/  
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