

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

761263Orig1s000

Trade Name: Lunsumio injection

Generic or Proper Name: (mosunetuzumab-axgb)

Sponsor: Genentech, Inc.

Approval Date: December 22, 2022

Indication: Lunsumio is indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

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APPROVAL LETTER



BLA 761263

BLA ACCELERATED APPROVAL

Genentech, Inc.
Attention: Jason Puskas
Regulatory Program Management
1 DNA Way
South San Francisco, CA 94080

Dear Mr. Puskas:

Please refer to your biologics license application (BLA) dated and received April 29, 2022, and your amendments, submitted under section 351(a) of the Public Health Service Act for Lunsumio (mosunetuzumab-axgb) injection.

LICENSING

We have approved your BLA for Lunsumio (mosunetuzumab-axgb) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, Lunsumio under your existing Department of Health and Human Services U.S. License No. 1048. Lunsumio is indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture mosunetuzumab-axgb drug substance at Genentech, Inc., South San Francisco, CA. The final formulated product will be manufactured and filled at Genentech, Inc., South San Francisco, CA. The filled drug product will be labeled and packaged at F. Hoffmann-La Roche AG, Kaiseraugst, Switzerland. You may label your product with the proprietary name Lunsumio and will market it in 1 mg/mL and 30 mg/30 mL single-dose vials.

DATING PERIOD

The dating period for Lunsumio shall be 24 months from the date of manufacture when stored at 2 - 8°C, protected from light. 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 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 Lunsumio 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 Lunsumio, 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 AND LABELING

We have completed our review of this application, as amended. It is approved under the provisions of accelerated approval regulations (21 CFR 601.41), effective on the date of this letter, for use as recommended in the enclosed agreed-upon approved labeling. This BLA provides for the use of Lunsumio for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

Marketing of this drug product and related activities must adhere to the substance and procedures of the referenced accelerated approval regulations.

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, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 601.14(b)] in structured product labeling (SPL) format, as described at FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (Prescribing Information and Medication Guide). Information on submitting SPL files using eLIST may be found in the draft guidance for industry *SPL Standard for Content of Labeling Technical Qs and As* (October 2009).²

The SPL will be accessible via publicly available labeling repositories.

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

² When final, this guidance will represent FDA's current thinking on this topic. 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>.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the carton and container labeling submitted on December 15, 2022, 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 *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (February 2020, Revision 7)*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved BLA 761263.**” Approval of this submission by FDA is not required before the labeling is used.

ADVISORY COMMITTEE

Your application for Lunsumio was not referred to an FDA advisory committee because the application did not raise significant public health questions on the role of the biologic in the diagnosis, cure, mitigation, treatment, or prevention of a disease.

ACCELERATED APPROVAL REQUIREMENTS

Products approved under the accelerated approval regulations, 21 CFR 601.41, require further adequate and well-controlled clinical trials to verify and describe clinical benefit. You are required to conduct such clinical trials with due diligence. If postmarketing clinical trials fail to verify clinical benefit or are not conducted with due diligence, we may, following a hearing in accordance with 21 CFR 601.43(b), withdraw this approval. We remind you of your postmarketing requirement specified in your submission dated November 22, 2022. This requirement, along with required completion dates, is listed below.

- 4375-1 Conduct a randomized clinical trial in patients with relapsed or refractory follicular lymphoma, with patients randomized to receive mosunetuzumab in combination with lenalidomide or rituximab in combination with lenalidomide. The primary endpoint should be progression-free survival, with secondary endpoints that include response rate and overall survival. The trial should enroll a sufficiently representative study population to reflect the racial and ethnic diversity of the U.S. patient population with follicular lymphoma and allow for interpretation of the results in these patient populations.

Final Protocol Submission:	09/2021 (completed)
Trial Completion:	06/2025
Final Report Submission:	12/2025

Submit clinical protocols to your IND 120651 for this product. In addition, under 21 CFR 601.70 you should include a status summary of each requirement in your annual report to this BLA. The status summary should include expected summary completion

U.S. Food and Drug Administration

Silver Spring, MD 20993

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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.

Submit final reports to this BLA as a supplemental application. For administrative purposes, all submissions relating to this postmarketing requirement must be clearly designated “**Subpart E Postmarketing Requirement(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(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for this application because necessary studies are impossible or highly impracticable. This is because of the rarity of pediatric patients with mature B-cell non-Hodgkin lymphoma (B-NHL).

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) 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.

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 known serious risks of neurologic adverse reactions, hematologic adverse reactions, hemophagocytic lymphohistiocytosis, infections, and pneumonitis/interstitial lung disease.

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.

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess these known serious risks.

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

- 4375-2 Conduct an integrated safety analysis in patients with follicular lymphoma and other lymphoid malignancies to further characterize the incidence and severity of neurologic adverse reactions, hematologic adverse reactions, hemophagocytic lymphohistiocytosis, infections, and pneumonitis/interstitial lung disease, that may develop with longer term use of mosunetuzumab.

Include patient-level and pooled analyses of ongoing and completed clinical trials and postmarketing reports and/or literature reports.

The timetable you submitted on November 22, 2022, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission (Analysis Plan):	03/2023
Final Protocol Submission (Analysis Plan):	06/2023
Interim Report Submission:	03/2024
Study Completion:	06/2025
Final Report Submission:	12/2025

Submit the datasets with the final report submission.

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 clinical protocol(s) to your IND 120651 with a cross-reference letter to this BLA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your BLA. 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 601.70 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 601.70 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 601.70. 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.

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>.

PROMOTIONAL MATERIALS

Under 21 CFR 601.45, you are required to submit, during the application pre-approval review period, all promotional materials, including promotional labeling and advertisements, that you intend to use in the first 120 days following marketing approval (i.e., your launch campaign). If you have not already met this requirement, you must immediately contact the Office of Prescription Drug Promotion (OPDP) at (301) 796-1200. Please ask to speak to a regulatory project manager or the appropriate reviewer to discuss this issue.

As further required by 21 CFR 601.45, submit all promotional materials that you intend to use after the 120 days following marketing approval (i.e., your post-launch materials) at least 30 days before the intended time of initial dissemination of labeling or initial publication of the advertisement. We ask that each submission include a detailed cover letter together with three copies each of the promotional materials, annotated references, and approved Prescribing Information, Medication Guide, and Patient Package Insert (as applicable).

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*.⁴

REPORTING REQUIREMENTS

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

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:

⁴ <https://www.fda.gov/media/128163/download>

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 4207
Silver Spring, MD 20903

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biologics qualify for a postapproval 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, call Kimberly Scott, Senior Regulatory Health Project Manager, at (240) 402-4560.

Sincerely,

{See appended electronic signature page}

Marc Theoret, MD
Supervisory Associate Director (Acting)
Office of Oncologic Diseases
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURE(S):

- 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/

MARC R THEORET
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