

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

215500Orig1s000

Trade Name: IWILFIN tablets

Generic or Proper Name: eflornithine

Sponsor: USWM, LLC

Approval Date: August 16, 2023

Indication: To reduce the risk of relapse in adult and pediatric patients with high-risk neuroblastoma who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GC2 immunotherapy.

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APPROVAL LETTER



NDA 215500

NDA APPROVAL

USWM, LLC (dba US WorldMeds)
Attention: Kristen Gullo
Vice President, Development and Regulatory Affairs
4441 Springdale Road
Louisville, KY 40241

Dear Kristen Gullo:

Please refer to your new drug application (NDA) dated and received November 21, 2022, and your amendments, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Iwilfin (eflornithine) tablets.

This NDA provides for the use of Iwilfin (eflornithine) tablets to reduce the risk of relapse in adult and pediatric patients with high-risk neuroblastoma who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy.

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.

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.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Insert) 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*.²

The SPL will be accessible via publicly available labeling repositories.

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

² 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 November 17, 2023, 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 *SPL Standard for Content of Labeling Technical Qs & As*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 215500.**” Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for lwlfin (eflornithine hydrochloride) tablets shall be 36 months from the date of manufacture when stored at 20°C to 25°C (68°F to 77°F); excursions permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature].

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.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (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 ototoxicity and other severe adverse reactions including myelosuppression and hepatotoxicity, and to identify an unexpected serious risk of increased drug toxicity in patients with renal impairment.

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 the known serious risks and to identify the unexpected serious risk.

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

- 4555-1 Conduct an integrated safety analysis of clinical trial data to assess the serious risk of ototoxicity and to further characterize the serious risks of severe adverse reactions including myelosuppression and hepatotoxicity and their sequelae in a sufficient number of patients exposed to IWILFIN; and to identify risk factors for development of these adverse reactions. Safety assessments will include audiograms prior to and at regular intervals during treatment. The study should include appropriate monitoring and risk mitigation strategies.

The timetable you submitted on November 17, 2023, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission (Analysis Plan):	06/2024
Final Protocol Submission (Analysis Plan):	03/2025
Study Completion:	06/2027
Final Report Submission:	12/2027

- 4555-2 Conduct a clinical pharmacokinetic trial to determine an appropriate dosage of DFMO to minimize a potential serious risk of increased drug toxicity in patients with renal impairment. Design and conduct the trial in accordance with the FDA Guidance for Industry entitled "Pharmacokinetics in Patients with Impaired Renal Function: Study Design, Data Analysis, and Impact on Dosing."

The timetable you submitted on November 17, 2023, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission:	03/2024
Final Protocol Submission:	06/2024
Trial Completion:	09/2025
Final Report Submission:	03/2026

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

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>.

Submit clinical protocol(s) to your IND 144875 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) 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(a)(1) 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(a)(1) 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.

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*.⁴

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 FDA.gov.⁵ Information and Instructions for completing the form can be found at FDA.gov.⁶

METHODS VALIDATION

We have not completed validation of the regulatory methods. However, we expect your continued cooperation to resolve any problems that may be identified.

⁴ For the most recent version of a guidance, check the FDA guidance web page at

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

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standards for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website⁷.

If you have any questions, contact Ashley Lane, Senior Regulatory Health Project Manager, at Ashley.Lane@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Nicole Drezner, M.D.
Deputy Director
Division of Oncology 2
Office of Oncologic Diseases Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert

⁷ <https://www.uspnf.com/>

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/

NICOLE L DREZNER
12/13/2023 03:46:25 PM