

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

219008Orig1s000

Trade Name: **Lazcluze tablet, 80 mg and 240 mg**

Generic or Proper Name: **(lazertinib)**

Sponsor: **Janssen Research & Development, LLC**

Approval Date: **August 19, 2024**

Indication: **Lazcluze is a kinase inhibitor indicated in combination with amivantamab-vmjw for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test.**

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APPROVAL LETTER



NDA 219008

CORRECTED NDA APPROVAL

Janssen Biotech, Inc.
Attention: Julie Brennan
Director, Global Regulatory Affairs
920 U.S. Route 202
Raritan, NJ 08869

Dear Julie Brennan:

Please refer to your new drug application (NDA) dated and received December 20, 2023, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for LAZCLUZE (lazertinib) tablet.

We also refer to our NDA Approval letter dated August 19, 2024, which contained incorrect carton and container labeling enclosures for LAZCLUZE (lazertinib).

This corrected action letter incorporates the approved carton and container labeling as submitted on June 20, 2024. The effective action date will remain August 19, 2024, the date of the original letter.

This NDA provides for the use of lazertinib in combination with amivantamab-vmjw for first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test.

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

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 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.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling submitted on June 20, 2024, 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 219008.”** 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 Lazcluze (lazertinib) tablet shall be 24 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)°C.

ADVISORY COMMITTEE

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

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 study(ies) requirement for this application because

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>.

the necessary studies are impossible or highly impracticable, based on the prevalence of EGFR exon 19 deletions or exon 21 L858R substitution mutations in pediatrics.

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 a known serious risk of venous thromboembolic events.

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 this serious risk.

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

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

- 4681-1 Conduct comprehensive safety analyses from clinical studies that further characterize the known serious risk of venous thromboembolic events (VTEs) in patients treated with amivantamab intravenously (IV) and patients treated with amivantamab subcutaneously (SC), in combination with lazertinib. Provide the incidence, timing, and outcome of VTEs by grade in patients who did not receive prophylactic anticoagulation, who received prophylactic anticoagulation for the initial 4 months of study therapy only, who continued prophylactic anticoagulation beyond 4 months of study therapy, and who required initiation of treatment-level anticoagulation. Monitor patients for VTEs throughout study therapy until treatment discontinuation.

The timetable you submitted on July 31, 2024, states that you will conduct this trial according to the following schedule:

Final Protocol Submission: 09/2024
Study Completion: 08/2024
Final Report Submission: 12/2024

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 146319 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.

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

- 4681-2 Complete the MARIPOSA trial and include the results of the final overall survival analysis once the anticipated 390 death events have occurred in the amivantamab in combination with lazertinib and osimertinib arms to further characterize the clinical benefit of amivantamab in combination with lazertinib for the first line treatment of adult patients with metastatic NSCLC harboring EGFR exon 19 deletion or L858R mutations.

The timetable you submitted on July 31, 2024, states that you will conduct this study according to the following schedule:

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>.

Final Protocol Submission: 12/2023 (Completed)

Trial Completion: 05/2025

Final Report Submission: 11/2025

Submit the datasets with the final report submission.

- 4681-3 Conduct an integrated analysis containing data from clinical trials and other data sources such as post-marketing reports, real-world evidence and other sources to further characterize the safety and efficacy of amivantamab in combination with lazertinib in patients who- are Black or African American diagnosed with metastatic NSCLC harboring EGFR exon 19 deletions or exon 21 L858R substitution mutations.

The timetable you submitted on July 31, 2024, states that you will conduct this study according to the following schedule:

Draft Protocol Submission: 10/2024

Final Protocol Submission: 02/2025

Study Completion: 12/2028

Final Report Submission: 06/2029

A final submitted protocol is one that the FDA has reviewed and commented upon, and you have revised as needed to meet the goal of the study or clinical trial.

Submit clinical protocols to your IND 146319 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. 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/subjects 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. 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

⁴ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

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.

REPORTING REQUIREMENTS

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

Your product is a Part 3 combination product (21 CFR 3.2(e)); therefore, you must also comply with postmarketing safety reporting requirements for an approved combination product (21 CFR 4, Subpart B). Additional information on combination product postmarketing safety reporting is available at FDA.gov.⁷

POST APPROVAL FEEDBACK MEETING

New molecular entities qualify for a post approval 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.

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 website⁸.

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

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

⁷ <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>

⁸ <https://www.uspnf.com/>

If you have any questions, contact Raniya Al-Matari, Regulatory Health Project Manager, at 301-796-1755 or Raniya.Al-Matari@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Paul G. Kluetz, M.D.
Supervisory Associate Director (Acting)
Office of Oncologic Diseases
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert
- 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/

PAUL G KLUETZ
08/21/2024 04:00:06 PM