

Copy of FDA Approval Letter for SAPHNELO™ (anifrolumab-fnia) injection, for intravenous use.



BLA 761123

BLA APPROVAL

AstraZeneca AB
c/o AstraZeneca Pharmaceuticals, L.P.
1800 Concord Pike
Wilmington, DE 19803

Attention: Joelle Blakaitis, MS
Senior Director, Global Regulatory Affairs

Dear Ms. Blakaitis:

Please refer to your biologics license application (BLA) dated July 22, 2020, received July 31, 2020, and your amendments, submitted under section 351(a) of the Public Health Service Act for Saphnelo (anifrolumab-fnia) injection, for intravenous use.

We have approved your BLA for Saphnelo (anifrolumab-fnia) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, Saphnelo under your existing Department of Health and Human Services U.S. License No. 2059. Saphnelo is indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE), receiving standard therapy.

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture anifrolumab-fnia drug substance at AstraZeneca Pharmaceuticals LP, Frederick Manufacturing Center (FMC) in Frederick, Maryland. The final formulated drug product will be manufactured, filled, labeled, and packaged at MedImmune Pharma B.V., Nijmegen Manufacturing Facility in Nijmegen, Netherlands; and AstraZeneca AB, Forskargatan 18 in Sodertalje, Sweden. You may label your product with the proprietary name, Saphnelo, and market it in a 300 mg/ 2 mL (150 mg/mL) vial.

DATING PERIOD

The dating period for Saphnelo shall be 24 months from the date of manufacture when stored at 2°C to 8°C. 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 48 months from the date of manufacture when stored at -45°C to -35°C and 12 months at 2°C to 8°C.

We have approved the stability protocol(s) 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 Saphnelo 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 Saphnelo, or in the manufacturing facilities, will require the submission of information to your BLA for our review and written approval, consistent with 21 CFR 601.12.

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, 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.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information, Patient Package Insert). 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* (October 2009).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 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*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved BLA 761123.**” Approval of this submission by FDA is not required before the labeling is used.

¹ See <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 at <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

ADVISORY COMMITTEE

Your application for Saphnelo was not referred to an FDA advisory committee because outside expertise was not deemed necessary.

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 ages less than 5 years of age because necessary studies are impossible or highly impracticable to conduct, based on the ability to adequately diagnose the disease.

We are deferring submission of your pediatric study for ages 5 to 17 years of age 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 are required postmarketing study. The status of this postmarketing study must be reported annually according to 21 CFR 601.28 and section 505B(a)(4)(B) of the Federal Food, Drug, and Cosmetic Act. This required study is listed below.

4116-1 Conduct a study to evaluate the safety, efficacy, and pharmacokinetics of anifrolumab-fnia plus background standard therapy in pediatric subjects ages 5 years to 17 years of age with active systemic lupus erythematosus (SLE).

The timetable you submitted on July 26, 2021, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	03/2022
Study Completion:	10/2026
Final Report Submission:	05/2027

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 the protocol to your IND 101849, with a cross-reference letter to this BLA.

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>.

Reports of this required pediatric postmarketing study must be submitted as a BLA or as a supplement to your approved BLA with the proposed labeling changes you believe are warranted based on the data derived from this study. 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.

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 identify unexpected serious risks related to negative pregnancy outcomes, and effects on milk in lactating women related to Saphnelo (anifrolumab-fnia).

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.

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

- 4116-2 Conduct a prospective pregnancy registry to evaluate the effects of Saphnelo (anifrolumab-fnia) on pregnancy and maternal and fetal/neonatal outcomes. This pregnancy registry study may be conducted as part of a multiple-product or disease-based pregnancy registry.

The timetable you submitted on July 26, 2021, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	04/2022
Interim Report:	04/2025
Study Completion:	04/2031
Final Report Submission:	04/2032

- 4116-3 Conduct a retrospective cohort study in a claims-based database to evaluate the effects of Saphnelo (anifrolumab-fnia) on pregnancy-related outcomes.

The timetable you submitted on July 26, 2021, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	04/2022
Study Completion:	04/2031
Final Report Submission:	04/2032

- 4116-4 Perform a lactation study, milk only, in lactating women who have received Saphnelo (anifrolumab-fnia) to assess concentrations of anifrolumab-fnia in breast milk using a validated assay. A mother-infant pair study may be required in the future depending on the results of this milk-only study.

The timetable you submitted on July 29, 2021, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	08/2022
Study Completion:	08/2025
Final Report Submission:	02/2026

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.⁴

Submit clinical protocols to your IND 101849 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).

Submission of the protocols for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312 or FDA's regulations under 21 CFR parts 50 (Protection of Human Subjects) and 56 (Institutional Review Boards).

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

⁴ 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>.

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 NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

4116-5 Implement pressure monitoring during sterilizing filtration of anifrolumab-fnia drug product and update module 3.2.P.3.4 of the BLA with filtration pressure as a Critical Process Parameter.

The timetable you submitted on May 17, 2021, states that you will conduct this study according to the following schedule:

Final Report Submission: 09/2023

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*.⁵

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.⁶ Information and Instructions for completing the form can be found at FDA.gov.⁷

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

⁵ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁷ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

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:

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 biological products 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.

If you have any questions, call Christine Ford, Regulatory Project Manager, at (301) 796-3420.

Sincerely,

Julie Beitz, MD
Director
Office of Immunology and Inflammation
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert
- Carton and Container Labeling

INDICATION

SAPHNELO is indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE), who are receiving standard therapy.

Limitations of Use: The efficacy of SAPHNELO has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus. Use is not recommended in these situations.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATION

Known history of anaphylaxis with SAPHNELO.

WARNINGS AND PRECAUTIONS

- **Serious Infections:** Serious and sometimes fatal infections have occurred in patients receiving immunosuppressive agents, including SAPHNELO. SAPHNELO increases the risk of respiratory infections and herpes zoster. Use caution in patients with severe or chronic infections. Avoid initiating treatment during an active infection and consider interrupting therapy in patients who develop a new infection during treatment
- **Hypersensitivity Reaction Including Anaphylaxis:** Serious hypersensitivity reactions (including anaphylaxis) have been reported following SAPHNELO administration. Events of angioedema have also been reported. Other hypersensitivity reactions and infusion-related reactions have occurred following administration of SAPHNELO. SAPHNELO should be administered by healthcare providers prepared to manage hypersensitivity reactions, including anaphylaxis and infusion-related reactions, if they occur. Immediately interrupt administration and initiate appropriate therapy if a serious infusion-related or hypersensitivity reaction (eg, anaphylaxis) occurs
- **Malignancy:** There is an increased risk of malignancies with the use of immunosuppressants. The impact of SAPHNELO on the potential development of malignancies is not known
- **Immunization:** Avoid the use of live or live-attenuated vaccines in patients treated with SAPHNELO
- **Use With Biologic Therapies:** SAPHNELO is not recommended for use in combination with other biologic therapies, including B-cell targeted therapies

ADVERSE REACTIONS

The most common adverse reactions (incidence $\geq 5\%$) are nasopharyngitis, upper respiratory tract infections, bronchitis, infusion-related reactions, herpes zoster and cough.

In the controlled clinical trials, the incidence of infusion-related reactions was 9.4% in patients while on treatment with SAPHNELO and 7.1% in patients on placebo. Infusion-related reactions were mild to moderate in intensity; the most common symptoms were headache, nausea, vomiting, fatigue, and dizziness.

USE IN SPECIFIC POPULATIONS

Pregnancy: A pregnancy exposure registry monitors pregnancy outcomes in women exposed to SAPHNELO during pregnancy. For more information about the registry or to report a pregnancy while on SAPHNELO, contact AstraZeneca at 1-877-693-9268.

There are insufficient data on the use of SAPHNELO in pregnant women to establish whether there is drug-associated risk for major birth defects or miscarriage. Advise female patients to inform their healthcare provider if they intend to become pregnant during therapy, suspect they are pregnant or become pregnant while receiving SAPHNELO.

Lactation: No data are available regarding the presence of SAPHNELO in human milk, the effects on the breastfed child, or the effects on milk production.

Pediatric Use: The safety and efficacy of SAPHNELO in pediatric patients less than 18 years of age has not been established.

You may report side effects related to AstraZeneca products by clicking [here](#).

Please see full [Prescribing Information](#), including [Patient Information](#).