



Our STN: BL 125611/0

**BLA APPROVAL**

May 31, 2017

Novo Nordisk Inc.  
Attention: Ms. Patricia D. Wilson  
P.O. Box 846  
Plainsboro, NJ 08536

Dear Ms. Wilson:

Please refer to your Biologics License Application (BLA) for Coagulation Factor IX (Recombinant), GlycoPEGylated dated May 16, 2016, received June 3, 2016, submitted under section 351(a) of the Public Health Service Act (PHS Act).

We have approved your BLA for Coagulation Factor IX (Recombinant), GlycoPEGylated effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, Coagulation Factor IX (Recombinant), GlycoPEGylated under your existing Department of Health and Human Services U.S. License No. 1261, indicated for use in adults and children with hemophilia B for:

- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding

The review of this product was associated with the following National Clinical Trial (NCT) numbers: 00956345, 01333111, 01386528, 01395810, 01467427, 02141074

Under this license, you are approved to manufacture Coagulation Factor IX (Recombinant), GlycoPEGylated drug substance at Novo Nordisk A/S, (b) (4) and Novo Nordisk A/S, (b) (4)

The final formulated product will be manufactured, filled, labeled and packaged at the Novo Nordisk A/S, (b) (4). The diluent histidine (10 mM solution) will be manufactured at (b) (4)

You may label your product with the proprietary name REBINYN and market it in 500 IU, 1000 IU and 2000 IU.

## **DATING PERIOD**

The dating period for Coagulation Factor IX (Recombinant), GlycoPEGylated shall be 24 months from the date of manufacture when stored at 5°C. It may be kept at or below 30°C for a single period up to 6 months. The date of manufacture shall be defined as the

date of final sterile filtration of the formulated drug product. Following the final sterile filtration, no reprocessing/reworking is allowed without prior approval from the Agency. The dating period for your drug substance shall be (b) (4) when stored at (b) (4). The expiration date for the packaged product, Coagulation Factor IX (Recombinant), GlycoPEGylated plus histidine diluent pre-filled syringe shall be dependent on the shortest expiration date of any component.

### **FDA LOT RELEASE**

You are not currently required to submit samples or protocols of future lots of Coagulation Factor IX (Recombinant), GlycoPEGylated to the Center for Biologics Evaluation and Research (CBER) for release by the Director, CBER, under 21 CFR 610.2(a). 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.

### **BIOLOGICAL PRODUCT DEVIATIONS**

You must submit reports of biological product deviations under 21 CFR 600.14. You should identify and investigate all manufacturing deviations promptly, including those associated with processing, testing, packaging, 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 the Director, Office of Compliance and Biologics Quality, at the following address:

Food and Drug Administration  
Center for Biologics Evaluation and Research  
Document Control Center  
10903 New Hampshire Ave.  
WO71-G112  
Silver Spring, MD 20993-0002

### **MANUFACTURING CHANGES**

You must submit information to your BLA for our review and written approval under 21 CFR 601.12 for any changes in, including but not limited to, the manufacturing, testing, packaging or labeling of Coagulation Factor IX (Recombinant), GlycoPEGylated, or in the manufacturing facilities.

### **LABELING**

Under 21 CFR 201.57(c)(18), patient labeling must be referenced in section 17 PATIENT COUNSELING INFORMATION. Patient labeling must be available and may either be reprinted immediately following the full prescribing information of the package insert or accompany the prescription product labeling.

We hereby approve the draft package insert labeling submitted under amendment 58, dated May 30, 2017 and the draft carton and container labeling submitted under amendment 57, dated May 26, 2017.

Please provide your final content of labeling in Structured Product Labeling (SPL) format and include the carton and container labels. In addition, please submit three original paper copies for carton and container final printed labeling. All final labeling should be submitted as Product Correspondence to this BLA 125611/0 at the time of use (prior to marketing) and include implementation information on Form FDA 356h.

In addition, please submit the final content of labeling (21 CFR 601.14) in SPL format via the FDA automated drug registration and listing system, (eLIST) as described at <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. 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* at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

You may submit two draft copies of the proposed introductory advertising and promotional labeling with Form FDA 2253 to the Advertising and Promotional Labeling Branch at the following address:

Food and Drug Administration  
Center for Biologics Evaluation and Research  
Document Control Center  
10903 New Hampshire Ave.  
WO71-G112  
Silver Spring, MD 20993-0002

You must submit copies of your final advertising and promotional labeling at the time of initial dissemination or publication, accompanied by Form FDA 2253 (21 CFR 601.12(f)(4)).

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence or substantial clinical experience to support such claims (21 CFR 202.1(e)(6)).

## **ADVERSE EVENT REPORTING**

You must submit adverse experience reports in accordance with the adverse experience reporting requirements for licensed biological products (21 CFR 600.80) and you must submit distribution reports as described in 21 CFR 600.81. For information on adverse experience reporting, please refer to the guidance for industry *Providing Submissions in*

*Electronic Format —Postmarketing Safety Reports* at <http://www.fda.gov/Drugs/DrugSafety/ucm400526.htm> and FDA's Adverse Event reporting System website <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115894.htm>. For information on distribution reporting, please refer to the guidance for industry *Electronic Submission of Lot Distribution Reports* at <http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Post-MarketActivities/LotReleases/ucm061966.htm>.

## **PEDIATRIC REQUIREMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, 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 note that you have fulfilled the pediatric study requirement for all relevant pediatric age groups for this application.

## **PDUFA V APPLICANT INTERVIEW**

FDA has contracted with Eastern Research Group, Inc. (ERG) to conduct an independent interim and final assessment of the Program for Enhanced Review Transparency and Communication for NME NDAs and Original BLAs under PDUFA V ("the Program"). The PDUFA V Commitment Letter states that these assessments will include interviews with applicants following FDA action on applications reviewed in the Program. For this purpose, first cycle actions include: approvals, complete responses, and withdrawals after filing. The purpose of the interview is to better understand applicant experiences with the Program and its ability to improve transparency and communication during FDA review.

ERG will contact you to schedule a PDUFA V applicant interview and provide specifics about the interview process. Your responses during the interview will be confidential with respect to the FDA review committee. ERG has signed a non-disclosure agreement and will not disclose any identifying information to anyone outside their project team. They will report only anonymized results and findings in the interim and final assessments. Members of the FDA review committee will be interviewed by ERG separately. While your participation in the interview is voluntary, your feedback will be helpful to these assessments.

Sincerely yours,

Wilson W. Bryan, M.D.  
Director  
Office of Tissues and Advanced Therapies  
Center for Biologics Evaluation and Research