DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 018972/S-053 **SUPPLEMENT APPROVAL**

Wyeth Pharmaceuticals, Inc., a subsidiary of Pfizer, Inc.
Attention: Marcio De Godoy, PhD.
Sr. Manager, Worldwide Safety and Regulatory
500 Arcola Drive
G-4347
Collegeville, PA 19426

Dear Dr. Godoy:

Please refer to your Supplemental New Drug Application (sNDA) dated and received October 27, 2016, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Cordarone (amiodarone hydrochloride) 200 mg Tablets.

We also refer to our Approval letter dated April 7, 2017. The April 7, 2017 Approval letter contained an error in the appended label; the label was missing the word "ivabradine" in the Drug Interactions section. This letter corrects the error and supersedes the April 7, 2017 Approval letter, the date of the approval will remain April 7, 2017.

This Prior Approval supplemental new drug application provides for revisions to the approved labeling as follows:

1. Under **ADVERSE REACTIONS, Postmarketing Reports**, the following text was added/deleted to/from the last sentence of the paragraph:

> In postmarketing surveillance, serious symptomatic bradycardia has been reported in patients taking amiodarone who initiate treatment with ledipasvir/sofosbuvir or with sofosbuvir with simeprevir, hypotension (sometimes fatal), sinus arrest, anaphylactic/anaphylactoid reaction (including shock), angioedema, urticaria, eosinophilic pneumonia, hepatitis, cholestatic hepatitis, cirrhosis, pancreatitis, acute pancreatitis, renal impairment, renal insufficiency, acute renal failure, acute respiratory distress syndrome in the post-operative setting, bronchospasm, possibly fatal respiratory disorders (including distress, failure, arrest, and ARDS), bronchiolitis obliterans organizing pneumonia (possibly fatal), fever, dyspnea, cough, hemoptysis, wheezing, hypoxia, pulmonary infiltrates and/or mass, pulmonary alveolar hemorrhage, pleural effusion, pleuritis, pseudotumor cerebri, parkinsonian symptoms such as akinesia and bradykinesia (sometimes reversible with discontinuation of therapy), syndrome of inappropriate antidiuretic hormone secretion (SIADH), thyroid nodules/thyroid cancer, toxic epidermal necrolysis

(sometimes fatal), erythema multiforme, Stevens-Johnson syndrome, exfoliative dermatitis, bullous dermatitis, drug rash with eosinophilia and systemic symptoms (DRESS), eczema, skin cancer, vasculitis, pruritus, hemolytic anemia, aplastic anemia, pancytopenia, neutropenia, thrombocytopenia, agranulocytosis, granuloma, myopathy, muscle weakness, rhabdomyolysis, demyelinating polyneuropathy, hallucination, confusional state, disorientation, delirium, epididymitis, impotence, ~~and~~ dry mouth, and lupus-like syndrome, also have been reported with amiodarone therapy.

2. There were several editorial revisions made.

3. The revision date and version number were updated.

There were no changes made to the Medication Guide.

There are no other changes from the last approved package insert.

APPROVAL & LABELING

We have completed our review of this supplemental application, as amended, and it is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

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 http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the enclosed labeling (text for the package insert), with the addition of any labeling changes in pending "Changes Being Effected" (CBE) supplements, 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 titled "SPL Standard for Content of Labeling Technical Qs and As at http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy

should provide appropriate annotations, including supplement number(s) and annual report date(s).

REPORTING REQUIREMENTS

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

If you have any questions, please call:

Lori Anne Wachter, RN, BSN, RAC
Regulatory Project Manager for Safety
(301) 796-3975

Sincerely,

{See appended electronic signature page}

Mary Ross Southworth, PharmD.
Deputy Director for Safety
Office of Drug Evaluation I
Center for Drug Evaluation and Research

ENCLOSURE(S):
Content of Labeling

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

MARY R SOUTHWORTH
04/07/2017