

BLA 125469/S-044

SUPPLEMENT APPROVAL

Eli Lilly and Company
Attention: Jennie L. Walgren, PhD
Senior Director, Global Regulatory Affairs - US
Lilly Corporate Center
Indianapolis, IN 46285

Dear Dr. Walgren:

Please refer to your supplemental biologics license application (sBLA), dated and received April 7, 2021, and your amendments, submitted under section 351(a) of the Public Health Service Act for Trulicity (dulaglutide) injection.

This “Changes Being Effectuated (CBE)” sBLA provides for revisions to the prescribing information (PI), in response to FDA’s March 9, 2021, Safety-Related Labeling Supplement Request Letter, to clarify that patients may have an increased risk of hypoglycemia (including severe hypoglycemia) when Trulicity is administered with an insulin or insulin secretagogue. During review of this sBLA, FDA also updated the hypersensitivity contraindication in the Medication Guide (MG).

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 with a minor editorial revision listed below and reflected in the enclosed labeling.

- Revision date added to the MG.

WAIVER OF HIGHLIGHTS ½ PAGE LENGTH REQUIREMENT FOR HIGHLIGHTS

Please note that we have previously granted a waiver of the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of Prescribing Information.

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, as described at FDA.gov,¹ that is identical to the enclosed labeling (text for the Prescribing Information

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

and Medication Guide) and include the labeling changes proposed in any pending “Changes Being Effectuated” (CBE) supplements.

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.

Also, within 14 days, amend all pending supplemental applications that include labeling changes for this BLA, including pending “Changes Being Effectuated” (CBE) supplements, for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 601.12(f)] in Microsoft Word format that includes the changes approved in this supplemental application, as well as annual reportable changes. To facilitate review of your submission(s), 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).

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.

Because none of these criteria apply to your application, you are exempt from this requirement.

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*.³

As required under 21 CFR 601.12(f)(4), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication,

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>.

³ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.⁴ Information and Instructions for completing the form can be found at FDA.gov.⁵

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved BLA (in 21 CFR 600.80 and in 21 CFR 600.81).

If you have any questions, call Supendeeep Dosanjh, Regulatory Project Manager, at 301-837-7649.

Sincerely,

{See appended electronic signature page}

Monika Houstoun, Pharm.D., M.P.H
Deputy Director for Safety (Acting)
Division of Diabetes, Lipid Disorders, and Obesity
Office of Cardiology, Hematology, Endocrinology,
and Nephrology
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - o Prescribing Information
 - o Medication Guide
 - o Instructions for Use (3.0 and 4.5 mg doses; versions approved September 3, 2020)
 - o Instruction for Use (0.75 and 1.5 mg doses; versions approved September 21, 2018)

⁴ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

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/

MONIKA A HOUSTOUN
09/30/2021 03:19:58 PM