NDA 208558/S-023

CORRECTED SUPPLEMENT APPROVAL

AstraZeneca Pharmaceuticals LP
Attention: Varadamurthy (Brad) Srinivasan, PhD, RAC, DABT
Regulatory Affairs Director
One MedImmune Way
Gaithersburg, MD 20878

Dear Dr. Srinivasan:

Please refer to your supplemental new drug application (sNDA) dated September 24, 2021, received September 24, 2021, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Lynparza® (Olaparib) tablets.

We also refer to our approval letter dated March 11, 2022, which contained the following errors in the USPI:

1. Table of contents section 1.5 the word germline was missing. The section now reads Adjuvant Treatment of *germline BRCA*-mutated HER2-negative High Risk Early Breast Cancer
2. Table of contents section 14.5 the word germline was missing. The section now reads Adjuvant Treatment of *germline BRCA*-mutated HER2-negative High Risk Early Breast Cancer
3. Page 18 section 6.1, the title was missing germline. The section now reads Adjuvant Treatment of *germline BRCA*-mutated HER2-negative High Risk Early Breast Cancer
4. Page 18 section 6.1, the trial description was missing “g” in gBRCA. The section now reads: The safety of Lynparza as monotherapy for the adjuvant treatment of patients with *gBRCA*-mutated HER2-negative high risk early breast cancer was investigated in OlympiA *[see Clinical Studies (14.5)]*

This corrected action letter incorporates the correction of the error in the label. The effective action date will remain March 11, 2022, the date of the original letter.

This Prior Approval supplemental new drug application provides for a new indication *for olaparib tablets, for the adjuvant treatment of adult patients with deleterious or suspected deleterious gBRCA mutated HER2-negative high-risk early breast cancer who have previously been treated with neoadjuvant or adjuvant chemotherapy.*

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

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 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 Medication Guide), 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 *SPL Standard for Content of Labeling Technical Qs and As*.[2]

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 the FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] 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 in pediatric patients unless this requirement is waived, deferred, or inapplicable.

---

[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.

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

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitment:

4248-1 Conduct analyses of clinical trial data to characterize the safety and pharmacokinetics of olaparib across a diverse population. To support a comparative assessment across all U.S. race and ethnic populations, ensure that racial and ethnic minorities are sufficiently represented in the analysis. Include a tabular summary of the available pharmacokinetic data by each racial and ethnic group. Provide the specific racial ethnic group as well as the geographic location of each patient.

The timetable you submitted on March 10, 2022, states that you will conduct this study according to the following schedule:

Draft Protocol Submission (Analysis Plan):	01/2023
Final Protocol Submission (Analysis Plan):	07/2023
Study Completion:	01/2024
Final Report Submission:	07/2024

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 121412 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.[3]

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.[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 NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Zohal Hamidi, Regulatory Project Manager, at 301-796-6383.

Sincerely,

{See appended electronic signature page}

Laleh Amiri-Kordestani, MD
Director
Division of Oncology 1
Office of Oncologic Diseases
Center for Drug Evaluation and Research
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
  - Prescribing Information
  - Medication Guide

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

LALEH AMIRI KORDESTANI
03/11/2022 04:43:15 PM