



NDA 209939/S-012  
NDA 209940/S-011

**SUPPLEMENT APPROVAL  
FULFILLMENT OF POSTMARKETING  
COMMITMENT**

Merck Sharp and Dohme LLC.,  
a subsidiary of Merck and Co., Inc.  
Attention: Megan Wise, PhD  
Director, Global Regulatory Affairs and Clinical Safety  
351 N. Sumneytown Pike, UG2D-068  
North Wales, PA 19454

Dear Dr. Wise:

Please refer to your supplemental new drug applications (sNDAs) dated and received December 5, 2022, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Prevymis (letermovir) tablets, 240 mg and 480 mg (NDA 209939), Prevymis (letermovir) injection, 240 mg/12 ml and 480 mg/24 ml (NDA 209940).

These Prior Approval sNDAs provide for the following:

- The use of Prevymis for prophylaxis of cytomegalovirus (CMV) disease in adult kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]).

**APPROVAL & LABELING**

We have completed our review of these applications, as amended. They are approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling with minor editorial revisions listed below and reflected in the enclosed labeling.

- The vertical line on the left edge in Section 2.2 was relocated to mark the recent major changes only.

**WAIVER OF ½ PAGE LENGTH REQUIREMENT FOR HIGHLIGHTS**

We are waiving the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of Prescribing Information. This waiver applies to all future supplements containing revised labeling unless we notify you otherwise.

## **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.<sup>1</sup> Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient 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 *SPL Standard for Content of Labeling Technical Qs and As*.<sup>2</sup>

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications that include labeling changes for these NDAs, 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 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.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

## **FULFILLMENT OF POSTMARKETING COMMITMENT (PMC)**

We have received your submissions dated December 5, 2022, containing the final report for the following PMC listed in the November 8, 2017 approval letter.

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

<sup>2</sup> 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>.

- 3295-3 Submit the final study report and datasets from the proposed clinical trial, P002, entitled, "A Phase 3, Randomized, Double-Blind, Active Comparator-Controlled Study to Evaluate the Efficacy and Safety of MK-8228 (Letermovir) Versus Valganciclovir for the Prevention of Human Cytomegalovirus (CMV) Disease in Adult Kidney Transplant Recipients."

We have reviewed your submissions and conclude that the above commitment was fulfilled.

We remind you that there is a PMC listed in the November 8, 2017 approval letter that is still open.

### **POSTMARKETING REQUIREMENTS UNDER 505(o)**

Section 505(o)(3) of the 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 assess a signal of serious risk of virologic failure due to resistance to letermovir.

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 this serious risk.

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

- 4457-1 Conduct phenotypic analysis of letermovir against human CMV (HCMV) mutants carrying the following pUL56 and pUL89 substitutions:
- pUL56: S229Y, M329I
  - pUL89: D344Y
- Include previously identified substitutions with a range of susceptibilities from low fold change (e.g., pUL56: L257I or S229F) to high fold change (e.g., pUL56: C325Y) as references.

The timetable you submitted on May 18, 2023, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	06/2023
Study Completion:	02/2024
Final Report Submission:	04/2024

4457-2 Conduct a study to genotype the HCMV gene encoding pUL104 for the subjects with sufficient residual plasma samples who experienced HCMV disease or who discontinued early with HCMV DNAemia in P002 “A Phase 3, Randomized, Double-Blind, Active Comparator-Controlled Study to Evaluate the Efficacy and Safety of MK-8228 (Letermovir) Versus Valganciclovir for the Prevention of Human Cytomegalovirus (CMV) Disease in Adult Kidney Transplant Recipients.”

The timetable you submitted on May 18, 2023, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	08/2023
Study Completion:	06/2024
Final Report Submission:	08/2024

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.<sup>3</sup>

Submit clinical protocol(s) to your INDs 104706 and 118361 with a cross-reference letter to these NDAs. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDAs. 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).**

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(a)(1) of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) 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(a)(1) and 21 CFR 314.81(b)(2)(vii) 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 314.81(b)(2)(vii). 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

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<sup>3</sup> 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>.

or clinical trials 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.

### **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*.<sup>4</sup>

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.<sup>5</sup> Information and Instructions for completing the form can be found at FDA.gov.<sup>6</sup>

### **PATENT LISTING REQUIREMENTS**

Pursuant to 21 CFR 314.53(d)(2) and 314.70(f), certain changes to an approved NDA submitted in a supplement require you to submit patent information for listing in the Orange Book upon approval of the supplement. You must submit the patent information required by 21 CFR 314.53(d)(2)(i)(A) through (C) and 314.53(d)(2)(ii)(A) and (C), as applicable, to FDA on Form FDA 3542 within 30 days after the date of approval of the supplement for the patent information to be timely filed (see 21 CFR 314.53(c)(2)(ii)). You also must ensure that any changes to your approved NDA that require the submission of a request to remove patent information from the Orange Book are submitted to FDA at the time of approval of the supplement pursuant to 21 CFR 314.53(d)(2)(ii)(B) and 314.53(f)(2)(iv).

### **REPORTING REQUIREMENTS**

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

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<sup>4</sup> For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

<sup>5</sup> <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

<sup>6</sup> <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

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If you have any questions, contact Saebyeol Jang, PhD, RAC-US, Regulatory Project Manager, at (240) 402-9953 or at the mainline at (301) 796-1500.

Sincerely,

*{See appended electronic signature page}*

Debra Birnkrant, MD  
Director  
Division of Antivirals  
Office of Infectious Diseases  
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
  - Prescribing Information
  - Patient Package Insert

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**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.**  
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/s/  
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WENDY W CARTER  
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