



NDA 214787/S-10

SUPPLEMENT APPROVAL

Gilead Sciences, Inc.
Attention: Madelyn Low, MBS
Manager, Regulatory Affairs
333 Lakeside Drive
Foster City, CA 94404

Dear Ms. Low:

Please refer to your supplemental new drug application (sNDA) dated and received October 21, 2021 and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Veklury (remdesivir) injection, 5 mg/ml; Veklury (remdesivir) for injection, 100 mg/vial.

This Prior Approval sNDA provides for the use of Veklury (remdesivir) as a 3-day dosing regimen for the treatment of coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older and weighing at least 40 kg) with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, who are not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.

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 Patient Package Insert), with the addition of any labeling

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

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 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.

We are deferring submission of your pediatric study for ages birth to less than 12 years or weighing < 40 kg in an outpatient setting for this application because this product is ready for approval for use in adults and pediatric patients 12 years of age and older, and the pediatric study in children less than 12 years of age has not been completed.

Your deferred pediatric study required by section 505B(a) of the FDCA is a required postmarketing study. The status of this postmarketing study must be reported annually according to 21 CFR 314.81 and section 505B(a)(4)(C) of the FDCA. This required study is listed below.

- 4220-1 Conduct a study to evaluate the safety, tolerability, and pharmacokinetics of remdesivir in non-hospitalized pediatric subjects from birth to less than 12 years of age with coronavirus disease 2019 (COVID-19). A dedicated outpatient pediatric study is not required if pharmacokinetics and safety can be obtained from the ongoing trial in hospitalized pediatric population.

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>.

Final Protocol Submission:	Submitted
Study Completion:	02/2022
Final Report Submission:	09/2022

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.³

Submit the protocol(s) to your IND 147753, with a cross-reference letter to this NDA. Reports of this required pediatric postmarketing study must be submitted as an NDA or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from this study. When submitting the reports, please clearly mark your submission "**SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS**" in large font, bolded type at the beginning of the cover letter of the submission.

We note that you have fulfilled the pediatric study requirement for ages 12 to less than 18 years for this application.

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.

Since Veklury was approved on October 22, 2020, we have become aware of a SARS-CoV-2 substitution that was identified as treatment-emergent in Study GS-US-540-9012. We have also identified subjects in Study GS-US-540-9012 who exhibited apparent viral rebound, a signal of potential treatment-emergent resistance. We consider this information to be "new safety information" as defined in section 505-1(b)(3) of the FDCA.

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 identify an unexpected serious risk of treatment-emergent resistance.

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:

³ 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>.

- 4220-2 Evaluate the impact of the nsp12 A376V substitution on remdesivir susceptibility of virus or replicon in cell culture or in a biochemical assay of RdRp activity, if virus or replicon are unable to be recovered.

The timetable you submitted on December 27, 2021 states that you will conduct this study according to the following schedule:

Study Completion: 05/2022
Final Report Submission: 06/2022

- 4220-3 Evaluate by NGS sequence analysis the viral genes nsp8, nsp10, nsp12, nsp13, and nsp14, at baseline and Day 7 time points for subjects in Study GS-US-540-9012 who met the following criteria: Exhibited any post-baseline increase in viral RNA and had viral RNA levels at Day 7 that were greater than the Day 7 75th percentile value (5.0 log₁₀ copies/mL).

Submit phenotypic analysis for treatment-emergent amino acid substitutions in nsp8, nsp10, nsp12, nsp13, and nsp14.

The timetable you submitted on January 11, 2022 states that you will conduct this study according to the following schedule:

Study Completion: 08/2022
Final Report Submission: 09/2022

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.⁴

Submit the protocol(s) to your IND 147753, with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final report(s) to your NDA. 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 of the FDCA, as well as

⁴ 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>.

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 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 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.

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

4220-4 Submit viral sequencing data for baseline respiratory samples and post-baseline samples collected at Day 2, Day 3, Day 7, or Day 14, for remdesivir-treated subjects and evaluated placebo subjects in Study GS-US-540-9012 with viral RNA shedding above the limit of detection for the sequencing assay including submission of associated fastq files for successfully sequenced samples.

Submit phenotypic analysis for clinical isolates with treatment-emergent amino acid substitutions in accordance with the virology analysis plan for Study GS-US-540-9012.

The timetable you submitted on January 11, 2022, states that you will conduct this study according to the following schedule:

Study Completion: 08/2022
Final Report Submission: 09/2022

Submit clinical protocols to your IND 147753 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 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*.⁵

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.⁶ Information and Instructions for completing the form can be found at FDA.gov.⁷

All promotional materials that include representations about your drug product must be promptly revised to be consistent with the labeling changes approved in this supplement, including any new safety information [21 CFR 314.70(a)(4)]. The revisions in your promotional materials should include prominent disclosure of the important new safety information that appears in the revised labeling. Within 7 days of receipt of this letter, submit your statement of intent to comply with 21 CFR 314.70(a)(4).

REPORTING REQUIREMENTS

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

⁵ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁷ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

If you have any questions, contact Saebyeol Jang, PhD, RAC, Regulatory Project Manager, at (240) 402-9953 or (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

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert

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/

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