



BLA 761069/S-043

## SUPPLEMENT APPROVAL

AstraZeneca UK Limited  
c/o AstraZeneca Pharmaceuticals LP  
Attention: Rana Ezzeddine, Dr. P.H.  
Regulatory Affairs Director  
One MedImmune Way  
Gaithersburg, MD 20878

Dear Dr. Ezzeddine:

Please refer to your supplemental biologics license application (sBLA), dated and received July 25, 2023, and your amendments, submitted under section 351(a) of the Public Health Service Act for Imfinzi (durvalumab) Injection.

This Prior Approval sBLA provides for the following new indication of Imfinzi, in combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by Imfinzi continued as a single agent as adjuvant treatment after surgery, for the treatment of adult patients with resectable (tumors  $\geq 4$  cm and/or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.

### **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 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,<sup>1</sup> that is identical to the enclosed labeling (text for the Prescribing Information

---

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

and Medication Guide) and include the labeling changes proposed in any pending “Changes Being Effected” (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*.<sup>2</sup>

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 Effected” (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.

We are waiving the pediatric studies requirement for this application because NSCLC is an adult-related condition that qualifies for a waiver because necessary studies are impossible or highly impracticable.

### **POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments:

- 4679-1 Complete the ongoing clinical trial, AEGEAN (NCT04538664), and analyze the final overall survival (OS) once the required 371 events for the primary endpoint (event-free survival) have occurred, to further characterize the clinical benefit of durvalumab in combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by durvalumab continued as a single agent as adjuvant treatment after surgery for adults with resectable (tumors  $\geq$  4 cm or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor

---

<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>.

receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements.

The timetable you submitted on August 12, 2024, states that you will conduct this study according to the following schedule:

Trial Completion: 12/2028  
Final Report Submission: 06/2029

Submit the datasets with the final report submission.

- 4679-2 Conduct an integrated analysis of completed, ongoing, and planned trials of perioperative durvalumab for patients with resectable non-small cell lung cancer (NSCLC) to evaluate the contribution of phase of durvalumab when given in combination with platinum-containing chemotherapy as neoadjuvant treatment and continued as a single agent as adjuvant treatment after surgery for adults with resectable (tumors  $\geq$  4 cm or node positive) NSCLC and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements. This may include data from the following trials: AEGEAN (NCT04538664), BR.31 (NCT02273375), and ADOPT-lung (NCT06284317). This analysis should also include an evaluation of safety, including immune mediated adverse reactions that occur during each phase of treatment.

The timetable you submitted on August 12, 2024, states that you will conduct this study according to the following schedule:

Draft Protocol Submission (Analysis Plan): 05/2025  
Final Protocol Submission (Analysis Plan): 12/2025  
Study Completion: 12/2030  
Final Report Submission: 06/2031

- 4679-3 Conduct an integrated analysis from ongoing, completed, or planned clinical trials and other potential data sources as appropriate enrolling a sufficient representation of older adults ages 75 years and older, and racial and ethnic minority patients that is reflective of the U.S. population of patients with non-small cell lung cancer (NSCLC), to further characterize the efficacy and safety of the perioperative durvalumab regimen in these patient subgroups. In the analysis, include a sufficient number of patients ages 75 years and older and Black or African American patients reflective of the incidence of NSCLC in the U.S. for each subpopulation to allow for interpretation of the results. The analyses should support comparative efficacy and safety between the aforementioned populations and White, and younger patients.

The timetable you submitted on August 12, 2024, states that you will conduct this study according to the following schedule:

Draft Protocol Submission (Analysis Plan):	05/2025
Final Protocol Submission (Analysis Plan):	12/2025
Study Completion:	12/2030
Final Report Submission:	06/2031

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 120006 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this BLA. In addition, under 21 CFR 601.70 you should include a status summary of each commitment in your annual progress report of postmarketing studies to this BLA. 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*.<sup>3</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>4</sup> Information and Instructions for completing the form can be found at FDA.gov.<sup>5</sup>

## **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).

---

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

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

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

If you have any questions, contact Idara Ojofeitimi, Chief, Project Management Staff, at 301-796-3074 or [Idara.Ojofeitimi@fda.hhs.gov](mailto:Idara.Ojofeitimi@fda.hhs.gov).

Sincerely,

*{See appended electronic signature page}*

Paul G. Kluetz, MD  
Supervisory Associate Director (acting)  
Office of Oncologic Diseases  
Office of New Drugs  
Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
  - Prescribing Information
  - Medication Guide

-----  
**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/  
-----

PAUL G KLUETZ  
08/15/2024 02:43:11 PM