

**CENTER FOR DRUG EVALUATION AND RESEARCH**

**Approval Package for:**

***APPLICATION NUMBER:***

**206073Orig1s000**

***Trade Name:*** Glyxambi

***Generic Name:*** Empagliflozin; Linagliptin

***Sponsor:*** Boehringer Ingelheim

***Approval Date:*** January 30, 2015

***Indications:*** 1) An adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both empagliflozin and linagliptin is appropriate.

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## 206073Orig1s000

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**APPROVAL LETTER**



NDA 206073

**NDA APPROVAL**

Boehringer Ingelheim Pharmaceuticals, Inc.  
Attention: Chung Lee-Sogaard, Ph.D.  
Associate Director, Regulatory Affairs, BIPI  
900 Ridgebury Road  
P.O. Box 368  
Ridgefield, CT 06877

Dear Dr. Lee-Sogaard:

Please refer to your New Drug Application (NDA) dated January 29, 2014, received January 30, 2014, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA), for Glyxambi (empagliflozin and linagliptin) tablets; 10 mg/5 mg and 25 mg/5 mg.

We acknowledge receipt of your amendments dated February 24, March 6 and 13, April 14, May 7 and 28, June 3, 9, 17, 24, and 30, July 16 and 31, August 29, September 17, October 2, November 3, 2014, and January 29, 2015.

This new drug application provides for the use of Glyxambi (empagliflozin and linagliptin) tablets as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both empagliflozin and linagliptin is appropriate.

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 text.

**WAIVER OF HIGHLIGHTS SECTION**

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 <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>. Content of labeling must be identical to the enclosed labeling (text for the package insert, Medication Guide). 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*, available at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

## CARTON AND IMMEDIATE CONTAINER LABELS

Submit final printed carton and immediate container labels that are identical to the enclosed carton and immediate container labels as soon as they are available, but no more than 30 days after they are printed. Please submit these labels electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format – Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (June 2008)*. Alternatively, you may submit 12 paper copies, with 6 of the copies individually mounted on heavy-weight paper or similar material. For administrative purposes, designate this submission “**Final Printed Carton and Container Labels for approved NDA 206073.**” Approval of this submission by FDA is not required before the labeling is used.

Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

## REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, 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 study requirement for this application because studies are impossible or highly impractical and this product does not represent a meaningful therapeutic benefit over existing therapies for pediatric patients **and** is not likely to be used in a substantial number of pediatric patients. This determination was made based on the following:

Appropriate studies to support the safety and effectiveness of this fixed dose combination product would require enrollment of patients for who require treatment with three or more antidiabetic agents. The population of patients appropriate for such a study are small (estimated to be 1% of the pediatric type 2 diabetes mellitus population) and are impractical. Additionally,

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