# **CENTER FOR DRUG EVALUATION AND RESEARCH**

# **Approval Package for:**

## **APPLICATION NUMBER:**

## 214187Orig1s000

Trade Name:	Epclusa oral pellets, 200/50 mg and 150/37.5 mg
Generic or Proper Name:	Sofosbuvir and velpatasvir
Sponsor:	Gilead Sciences, Inc.
Approval Date:	June 10, 2021
Indication:	<ul> <li>EPCLUSA is a fixed-dose combination of sofosbuvir, a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor, and velpatasvir, an HCV NS5A inhibitor, and is indicated for the treatment of adults and pediatric patients 3 years of age and older with chronic HCV genotype 1, 2, 3, 4, 5, or 6 infection:</li> <li>without cirrhosis or with compensated cirrhosis</li> <li>with decompensated cirrhosis for use in combination with ribavirin</li> </ul>

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# 214187Orig1s000

## CONTENTS

# **Reviews / Information Included in this NDA Review.**

Approval Letter	X
Other Action Letters	
Labeling	X
REMS	
Summary Review	X
Officer/Employee List	X
Office Director Memo	
<b>Cross Discipline Team Leader Review</b>	
Clinical Review(s)	
Product Quality Review(s)	X
Non-Clinical Review(s)	
Statistical Review(s)	
Clinical Microbiology / Virology Review(s)	X
Clinical Pharmacology Review(s)	X
Other Reviews	X
<b>Risk Assessment and Risk Mitigation Review(s)</b>	
Proprietary Name Review(s)	X
Administrative/Correspondence Document(s)	

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# **APPROVAL LETTER**

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NDA APPROVAL



NDA 214187

Gilead Sciences, Inc. Attention: John Lombardo Senior Manager, Regulatory Affairs 333 Lakeside Drive Foster City, CA 94404

Dear Mr. Lombardo:

Please refer to your new drug application (NDA) dated December 15, 2020, received December 15, 2020, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Epclusa (sofosbuvir and velpatasvir) oral pellets, 200/50 mg and 150/37.5 mg.

This new drug application provides for the use of Epclusa (sofosbuvir and velpatasvir), oral pellets, for the treatment of genotypes 1, 2, 3, 4, 5, or 6, chronic hepatitis C virus infection in pediatric patients who are at least 3 years of age.

#### **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 1/2 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(I)] 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, Patient Package Insert, and Instructions for Use) as well as annual reportable changes not included in the enclosed labeling. Information on

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

NDA 214187 Page 2

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.

#### **CARTON AND CONTAINER LABELING**

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling or carton and container labeling submitted on April 7, 2021, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format* — *Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved NDA 214187** Approval of this submission by FDA is not required before the labeling is used.

#### DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Epclusa (sofosbuvir and velpatasvir), oral pellets, shall be 24 months from the date of manufacture when stored below 30°C (86°F).

#### **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 waiving the pediatric study requirement from birth to less than 3 years because necessary studies are impossible or highly impracticable. This is because spontaneous HCV clearance is possible and very few patients in this age group require treatment.

We note that you have fulfilled the pediatric study requirement for ages 3 years to less 18 years for this application.

#### U.S. Food and Drug Administration



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<sup>&</sup>lt;sup>2</sup> We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <u>https://www.fda.gov/RegulatoryInformation/Guidances/default.htm</u>.

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