

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER: 20-986/SE3-003

MEDICAL REVIEW(S)

MEDICAL OFFICER REVIEW

DIVISION OF METABOLIC AND ENDOCRINE DRUG PRODUCTS (HFD-510)

APPLICATION #: #20986	APPLICATION TYPE: NDA: Supplement
SPONSOR: NovoNordisk	PROPRIETARY NAME: NovoLog
CATEGORY OF DRUG: Diabetes	USAN / Established Name: X-14, Insulin aspart
Insulin analogue	ROUTE: SQ infusion via external pump
MEDICAL REVIEWER: Elizabeth Koller	REVIEW DATE: 12/20/01

SUBMISSIONS REVIEWED IN THIS DOCUMENT

Document Date:	CDER Stamp Date:	Submission Type:	Comments:
12/20/00	12/21/00	SE3-003	
2/7/01	2/8/01	SE3-003 C	
2/28/01	2/28/01	SE3-003 IN	
3/6/01	3/6/01	SE3-003 IN	
3/7/01	3/7/01	SE3-003 IN	
3/22/01	3/23/01	N-000 C	Comments on spreadsheet request
6/21/01	6/22/01	SE3-003 BM	EXCEL spread sheets
8/29/01	8/29/01	SE3-003 IN	
10/5/01	10/5/01	P-004	Adverse event reports suggesting injection/infusion site reactions, insulin instability, and infusion set occlusion
10/24/01	10/25/01	SE3-003 BL	
10/25/01	10/26/01	SE3-003 BC	
12/11/01	12/13/01	SE3-003 BL	
12/12/01	12/13/01	SE3-003 BL	
12/17/01	12/17/01	SE3-003 IN	
12/18/01	12/20/01	SE3-003 C	
12/19/01	12/20/01	SE3-003 BL	
12/21/01	12/21/01	SE3-003 IN	

RELATED APPLICATIONS (if applicable)

Document Date:	APPLICATION Type:	Comments:
12/21/99	NDA #20563 SE3-024	Pump supplement
Multiple	NDA #20563 Periodic reports	Adverse events
Multiple	IND # _____	_____

Overview of Application/Review:

Three, randomized, open-label, parallel-design studies of varying lengths were conducted in the U.S. in adult patients with variable degrees of diabetic control. Pump studies comparing glycemic control (HgbA1c) using different types of insulin were conducted in IDDM patients already familiar pump therapy. Studies in NIDDM patients new to intensive insulin therapy were conducted to compare glycemic control (HgbA1c) using X-14 injection versus X-14 infusion therapy. The design of the clinical studies differed substantively from standard

medical practice and typical use in real life, with more frequent changes of insulin, infusion sets, and infusion sites, Glycemic control and rates of hypoglycemia were comparable for the various treatment arms in all three studies. The data from the smallest study (018; n=29) suggested that the time to infusion set failure/occlusion was shorter and the number of infusion set changes greater in the X-14 treatment arm than in the buffered human insulin arm. Although data on infusion set changes were also collected in the two, larger studies, these data were not provided. In addition, even though *in vitro* data indicated that X-14 consistently failed in the Mini-Med 506 pump on day 3, no correlation with the clinical data could be made because there were no records of the specific pumps used by individual patients.

Outstanding Issues:

1-X-14 can be approved for use in specific pumps with specific infusion sets. Approval cannot be extrapolated to other equipment. The X-14 insulin, infusion sets, and infusion sites may be used for up to 48 hours.

2-Because the design of the clinical studies differed substantively from standard medical practice and typical use in real life, with more frequent changes of the insulin, infusion sets, and infusion sites, the consequences of such deviations from recommendations should be delineated in both the physician and patient labels. Because current standard practice reflects the large reservoir size, the software restrictions for reducing the amount of insulin inserted into the reservoir, and pump manufacturers' printed instructions (including changing tubing every three days), the physician and patient labels must clearly indicate that the directions for the specific use of X-14 in pumps supercede the manufacturers' general guidelines.

3-The sponsor should collect information on actual-use either in a phase four study in which insulin and infusion sets are not provided or via collection of adverse event data systematically using a questionnaire specifically designed to identify the causes of pump-insulin problems.

4-New pump guidelines should be developed.

Recommended Regulatory Action:

New Clinical Studies: _____ Clinical Hold _____ Study May Proceed _____

NDA's: _____

Efficacy / Label Supp.: with label changes & appropriate follow-up of pump/insulin malfunction. Approvable

~~Not Approvable~~

JSK

Signed: Medical Reviewer: Elizabeth Koller, M.D. Date: 12/21/01

Medical Team Leader: _____ Date: _____

APPEARS THIS WAY
ON ORIGINAL

1.-Medical Officer Review

1.1.-Administrative summary

1.1.1.-NDA: #20986 SE3

1.1.2.-Review: #1

1.1.3.-Submissions:

1.1.3.1.-Paper submission:12/21/00

1.1.3.2.-CANDA submission: none

1.1.3.3.-Major amendment: none

1.1.3.4.-Other submissions:

2/7/01 SE3-003 C

2/28/01 SE3-003 IN

3/6/01 SE3-003 IN

3/7/01 SE3-003 IN

3/22/01 N-000 C comments on spread sheet request

6/21/01 SE3-003 BM Excel spread sheets

8/29/01 SE3-003 IN

10/5/01 P-004 adverse event reports suggesting skin reactions, insulin instability, & infusion set occlusion

10/24/01 SE3-003 BL

10/25/01 SE3-003 BC

12/11/01 SE3-003 BL

12/12/01 SE3-003 BL

12/17/01 SE3-003 IN

12/18/01 SE3-003 C

12/19/01 SE3-003 BL

12/18/01 SE3-003 IN

1.1.3.5.-Review completed: 12/21/01

1.2.-Drug name

1.2.1.-Generic name: insulin aspart

1.2.2.-Trade name: NovoLog

1.3.-Sponsor: NovoNordisk

1.4.-Pharmacologic category: diabetes, insulin analogue

1.5.-Proposed indication: use in external pumps for subcutaneous infusion

1.6.-Dosage form and route-of administration:

1.6.1.-Dosage form: vials for extraction of insulin that is to be put into a pump reservoir

1.6.2.-Dosage: to be titrated using pre-prandial boluses and basal rates of continuous infusion

1.6.3.-Route-of-administration: subcutaneous infusion

1.7.-NDA drug classification: standard

1.8.-Important related drugs: human insulin (semi-synthetic and recombinant)

Lilly buffered human insulin, BR

(approved; no longer marketed)

NovoNordisk buffered human insulin, Velosulin
lispro

1.9.- Related reviews: NDA #20563 pump reviews and adverse event reports

1.10.-Materials reviewed:

1.10.1.-NDA #20986

12/20/00 SE3-003 (38 volumes)
 2/7/01 SE3-003 C
 2/28/01 SE3-003 IN
 3/6/01 SE3-003 IN
 3/7/01 SE3-003 IN
 3/22/01 N-000 C comments on spread sheet request
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 12/12/01 SE3-003 BL
 12/17/01 SE3-003 IN
 12/18/01 SE3-003 C
 12/19/01 SE3-003 BL
 12/18/01 SE3-003 IN

1.10.2.-Other

Draft pump guidance (1985) (appendix 1)

Velosulin label

Pump questionnaire developed by Dr. Koller in response to questions raised by A.

Morrison (Devices) and adverse event reports; 10/10/99

Internal e-mail regarding composition of tubing and needles for various infusion sets (P.

Cricenti and V. Nakayama; 11/28/00)

Mini-Med pump video and print information

Disetronic pump video and print information

Pump chat room

1.10.3.-Safety update: none submitted

1.11.-Table of contents

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