

# Development of Shared System REMS

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# Shared System REMS

- Include more than one sponsor
- May include multiple NDAs and their ANDAs
- Generally have a single REMS document, REMS materials (except MGs), and supporting document applicable to all drugs
- Share ETASU elements, database, infrastructure

# Shared System REMS

- Single, shared system REMS are generally required under the statute for ANDAs and the reference listed drug (RLD).
- To reduce the burden to the healthcare system of having multiple REMS for multiple products in the same class, FDA has also encouraged shared system REMS that involve multiple innovators.

# Benefits of a shared system

- Reduces burden for different stakeholders
  - single portal to access materials and other documentation and information about the program
  - prescribers, pharmacies, and healthcare settings complete certification and other administrative requirements once rather than for each individual drug
- Potential for cost sharing among all sponsors

# Existing Shared System REMS\*



	Name of Shared System REMS	Initial Approval Date	Current Sponsor & Application Info
1	Isotretinoin REMS	10/22/2010	6 Sponsors 8 Applications (7 ANDAs)
2	Transmucosal Immediate-Release Fentanyl (TIRF) Products REMS	12/28/2011	8 Sponsors 9 Applications (3 ANDAs)
3	Extended Release & Long-Acting Opioid Analgesics (ER/LA) REMS	7/9/2012	34 Sponsors 65 Applications (46 ANDAs)
4	Mycophenolate REMS	9/25/2012	13 Sponsors 30 Applications (25 ANDAs)
5	Buprenorphine Transmucosal Products for Opioid Dependence (BTOD) REMS	2/22/2013	12 Sponsors 16 Applications (14 ANDAs)
6	Clozapine REMS	9/15/2015	10 Sponsors 14 Applications (11 ANDAs)

\* Based on information posted on REMS@FDA website

# Shared System REMS Development Process

- Companies usually form an “industry working group” (IWG) to develop a proposal for the shared REMS
  - FDA instructs the IWG sponsors to identify a single point of contact to represent the IWG, and emphasizes the importance of first working out the cost and governance structures
  - IWG provides bi-weekly updates to the Agency
- The Agency forms a REMS review team including staff from a number of Offices within the Center
  - FDA communicates expected timeframes for milestones
  - FDA schedules periodic teleconferences with the IWG

## Shared System REMS Development Process

- When a company indicates to the Agency that another company (brand or generic) in the IWG is not receptive or responsive to efforts to develop a shared REMS, the Agency may serve as facilitator to aid in reaching resolution.
- Once developed, the shared REMS proposal is submitted by the companies to the Agency for review.
  - FDA instructs the IWG how to submit the REMS proposal.

# Issues to be Addressed in Negotiations

- Confidentiality
- Voting structure
- Cost-sharing
- Product liability concerns
- Anti-trust concerns
- Experience/trust gap(s)

# Expectations for Expanded Opioid REMS

- Expand current REMS requirements to include IR Sponsors and products, utilizing existing infrastructure of the ER/LA RPC
- Incorporate other modifications to the REMS if/when appropriate (e.g., expand blueprint to include pain management)

# Expectations for IR Sponsors

- Work with current ER/LA Sponsors to join the RPC
- Recommend focusing initially on threshold issues such as cost sharing, necessary agreements
- Provide monthly updates to FDA on progress

# Expectations for RPC

- Facilitate entry of IR Sponsors into existing RPC organization
- Provide monthly updates to FDA on progress

# Citation and Helpful Links

- FDA REMS Website:

<http://www.accessdata.fda.gov/scripts/cder/rems/index.cfm>

- FDA Webinar: REMS Basics:

<http://www.fda.gov/aboutfda/transparency/basics/ucm325201.htm>



Thank you