

Our STN: BL 125646/902

SUPPLEMENT APPROVAL REMS MINOR MODIFICATION August 16, 2024

Novartis Pharmaceuticals Corporation Attention: Sneha Desai One Health Plaza East Hanover, NJ 07936

Dear Sneha Desai:

We have approved your request received July 17, 2024, to supplement your Biologics License Application (BLA) submitted under section 351(a) of the Public Health Service Act for tisagenlecleucel to include a minor modification to the approved Risk Evaluation and Mitigation Strategy (REMS).

#### RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

The REMS for tisagenlecleucel was originally approved on August 30, 2017, and the most recent REMS modification was approved on June 13, 2024. The REMS consists of elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS.

Your proposed modification to the REMS consists of changes to the layout of the Kymriah REMS website's landing page due to a change in digital platform.

Your proposed modified REMS submitted August 13, 2024, and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on August 30, 2017.

There are no changes to the REMS assessment plan described in our letter for the most recent REMS modification approved on June 13, 2024.

We remind you that in addition to the REMS assessments submitted according to the timetable in the approved REMS, you must include an adequate rationale to support a proposed REMS modification for the addition, modification, or removal of any goal or element of the REMS, as described in section 505-1(g)(4) of the FDCA.

We also remind you that you must submit a REMS assessment when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A) of the FDCA. This assessment should include:

- a) An evaluation of how the benefit-risk profile will or will not change with the new indication;
- b) A determination of the implications of a change in the benefit-risk profile for the current REMS;
- c) If the new indication for use introduces unexpected risks: A description of those risks and an evaluation of whether those risks can be appropriately managed with the currently approved REMS.
- d) If a REMS assessment was submitted in the 18 months prior to submission of the supplemental application for a new indication for use: A statement about whether the REMS was meeting its goals at the time of the last assessment and if any modifications of the REMS have been proposed since that assessment.
- e) If a REMS assessment has not been submitted in the 18 months prior to submission of the supplemental application for a new indication for use:

  Provision of as many of the currently listed assessment plan items as is feasible.
- f) If you propose a REMS modification based on a change in the benefit-risk profile or because of the new indication of use, submit an adequate rationale to support the modification, including: Provision of the reason(s) why the proposed REMS modification is necessary, the potential effect on the serious risk(s) for which the REMS was required, on patient access to the drug, and/or on the burden on the health care delivery system; and other appropriate evidence or data to support the proposed change. Additionally, include any changes to the assessment plan necessary to assess the proposed modified REMS.
- g) If you are not proposing REMS modifications, provide a rationale for why the REMS does not need to be modified.

If the assessment instruments and methodology for your REMS assessments are not included in the REMS supporting document, or if you propose changes to the submitted assessment instruments or methodology, you should update the REMS supporting document to include specific assessment instrument and methodology information at least 90 days before the assessments will be conducted. Updates to the REMS supporting document may be included in a new document that references previous REMS supporting document submission(s) for unchanged portions. Alternatively, updates may be made by modifying the complete previous REMS supporting document, with all changes marked and highlighted. Prominently identify the submission containing the assessment instruments and methodology with the following wording in bold capital letters at the top of the first page of the submission:

#### **BLA 125646 REMS ASSESSMENT METHODOLOGY**

Prominently identify any submission containing the REMS assessments or proposed modifications of the REMS with the following wording in bold capital letters at the top of the first page of the submission as appropriate:

### **BLA 125646 REMS ASSESSMENT**

or

NEW SUPPLEMENT FOR BLA 125646 CHANGES BEING EFFECTED IN 30 DAYS PROPOSED MINOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR BLA 125646
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR BLA 125646
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABEL CHANGES
SUBMITTED IN SUPPLEMENT XXX

or

NEW SUPPLEMENT (NEW INDICATION FOR USE) FOR BLA 125646 REMS ASSESSMENT PROPOSED REMS MODIFICATION (if included)

Should you choose to submit a REMS revision, prominently identify the submission containing the REMS revisions with the following wording in bold capital letters at the top of the first page of the submission:

# **REMS REVISIONS FOR BLA 125646**

To facilitate review of your submission, we request that you submit your proposed modified REMS and other REMS-related materials in Microsoft Word format. If certain documents, such as enrollment forms, are only in PDF format, they may be submitted as such, but the preference is to include as many as possible in Word format.

## SUBMISSION OF REMS DOCUMENT IN SPL FORMAT

As soon as possible, but no later than 14 days from the date of this letter, submit the REMS document in Structured Product Labeling (SPL) format using the FDA automated drug registration and listing system (eLIST). Content of the REMS document must be identical to the approved REMS document. The SPL will be publicly available.

Information on submitting REMS in SPL format may be found in the guidance for industry *Providing Regulatory Submission in Electronic Format – Content of the Risk Evaluation and Mitigation Strategies Document Using Structured Product Labeling.* 

For additional information on submitting REMS in SPL format, please email <a href="mailto:FDAREMSwebsite@fda.hhs.gov">FDAREMSwebsite@fda.hhs.gov</a>.

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).

We will include information contained in the above-referenced supplement in your BLA file.

Sincerely,

'Lola Fashoyin-Aje, MD, MPH Acting Director Division of Clinical Evaluation General Medicine Office of Clinical Evaluation Office of Therapeutic Products Center for Biologics Evaluation and Research

Enclosures: REMS