Our STN: BL 125703/0 **ACCELERATED APPROVAL**
July 24, 2020

Kite Pharma, Inc.
Attention: Sophia Siu
2400 Broadway
Santa Monica, CA 90404

Dear Ms. Siu:

Please refer to your Biologics License Application (BLA) submitted and received December 11, 2019, under section 351(a) of the Public Health Service Act (PHS Act) for brexucabtagene autoleucel.

LICENSING

Effective this date, we have approved your BLA for brexucabtagene autoleucel, according to the regulations for accelerated approval, 21 CFR 601.41. You are hereby authorized to introduce or deliver for introduction into interstate commerce, brexucabtagene autoleucel under your existing Department of Health and Human Services U.S. License No. 2064. Brexucabtagene autoleucel is indicated for the treatment of adult patients with relapsed/refractory mantle cell lymphoma (MCL).

This indication is approved under accelerated approval based on overall response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

The review of this product was associated with the following National Clinical Trial (NCT) numbers: NCT02601313, NCT02614066, NCT02625480, NCT03624036.

ACCELERATED APPROVAL REQUIREMENTS

Under accelerated approval regulations we may grant marketing approval for a biological product on the basis of adequate and well-controlled clinical trials establishing that the biological product has an effect on a surrogate endpoint that is reasonably likely, based on epidemiologic, therapeutic, pathophysiologic, or other evidence, to predict clinical benefit or on the basis of an effect on an intermediate clinical endpoint other than survival or irreversible morbidity. This approval requires you to study the biological product further, to verify and describe its clinical benefit, where there is uncertainty as to the relation of the surrogate endpoint to clinical benefit, or of the observed clinical benefit to ultimate outcome.

Approval under these regulations requires, among other things, that you conduct adequate and well-controlled clinical trials/studies to verify and describe clinical benefit attributable to this product. Clinical benefit is evidenced by effects such as favorable

objective response rate, complete response rate, and durability of response after a minimum follow-up of 18 months from the time of first objective response.

Accelerated Approval Required Studies

We remind you of your postmarketing requirements specified in your submission of July 15, 2020.

1. Complete additional follow-up of all 68 subjects treated with brexucabtagene autoleucel in ZUMA-2 Cohort 1 to a minimum of 18 months from the time of first response. Data will continue to be collected according to the ZUMA-2 protocol's established schedule of assessments.

   Final Protocol Submission: Submitted November 13, 2018

   Study/Trial Completion: December 31, 2020

   Final Report Submission: July 31, 2021

2. Conduct a study of brexucabtagene autoleucel treatment of subjects with relapsed or refractory mantle cell lymphoma who have not been exposed to a Bruton tyrosine kinase (BTK) inhibitor. A cohort of subjects naïve to BTK inhibitor therapy will be added to the ongoing ZUMA-2 study to fulfill this requirement. Eighty-six subjects will be enrolled. The primary efficacy endpoint will be objective response rate with a supportive efficacy endpoint of duration of response based on a minimum follow-up of 18 months after first objective disease response.

   Final Protocol Submission: January 15, 2021

   Study/Trial Completion: April 30, 2025

   Final Report Submission: October 31, 2025

We expect you to complete design, initiation, accrual, completion, and reporting of these studies within the framework described in your letter of July 15, 2020.

You must conduct these studies with due diligence. If postmarketing studies fail to verify that clinical benefit is conferred by brexucabtagene autoleucel, or are not conducted with due diligence, we may, following a hearing in accordance with 21 CFR 601.43 (b), withdraw or modify approval if:

- A postmarketing clinical study fails to verify clinical benefit.
- The applicant fails to perform the required postmarketing study with due diligence.

- Use after marketing demonstrates that postmarketing restrictions are inadequate to ensure safe use of the biological product.
- The applicant fails to adhere to the postmarketing restrictions agreed upon.
- The promotional materials are false or misleading.
- Other evidence demonstrates that the biological product is not shown to be safe or effective under its conditions of use.

Please submit the protocols to your IND 16675, with a cross-reference letter to this BLA, STN BL 125703/0 explaining that these protocols were submitted to the IND. Please refer to the sequential number for each study/clinical trial and the submission number as shown in this letter.

Your accelerated approval postmarketing required studies are subject to the reporting requirements of 21 CFR 601.70. You must describe the status in an annual report on postmarketing studies for this product. Label your annual report as an **Annual Status Report of Postmarketing Requirements/Commitments** and submit it to the FDA each year within 60 calendar days of the anniversary date of this letter until all Requirements and Commitments subject to the reporting requirements of section 506B of the FDCA are fulfilled or released.

Please submit final study reports as a supplement to this BLA 125703/0. For administrative purposes, all submissions related to these postmarketing study requirements must be clearly designated as "Subpart E Postmarketing Study Requirements."

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture brexucabtagene autoleucel at your facility located at (b) (4) . The retroviral vector ((b) (4)) will be manufactured at (b) (4) .

You may label your product with the proprietary name TECARTUS and market it in infusion bags containing a dose of 2×10^6 chimeric antigen receptor (CAR)-positive viable T cells per kg of body weight, with a maximum of 2×10^8 CAR-positive viable T cells, in approximately 68 ml.

ADVISORY COMMITTEE

We did not refer your application to an Advisory Committee because our review of information submitted in your BLA, including the clinical study design and trial results, did not raise concerns or controversial issues which would have benefitted from an advisory committee discussion.

DATING PERIOD

The dating period for brexucabtagene autoleucel shall be 12 months from the date of manufacture when stored at not greater than -150 °C. The date of manufacture shall be defined as the date of cryopreservation of the formulated drug product. The dating period for the (b) (4) vector shall be (b) (4) when stored at (b) (4) . We have approved the stability protocols in your license application for the purpose of extending the expiration dating period of your (b) (4) vector and drug product under 21 CFR 601.12.

FDA LOT RELEASE

You are not currently required to submit samples or protocols of future lots of brexucabtagene autoleucel to the Center for Biologics Evaluation and Research (CBER) for release by the Director, CBER, under 21 CFR 610.2(a). We will continue to monitor compliance with 21 CFR 610.1 requiring completion of tests for conformity with standards applicable to each product prior to release of each lot.

BIOLOGICAL PRODUCT DEVIATIONS

You must submit reports of biological product deviations under 21 CFR 600.14. You should identify and investigate all manufacturing deviations promptly, including those associated with processing, testing, packaging, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on FORM FDA 3486 to the Director, Office of Compliance and Biologics Quality, at the following address:

Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Ave.
WO71-G112
Silver Spring, MD 20993-0002

MANUFACTURING CHANGES

You must submit information to your BLA for our review and written approval under 21 CFR 601.12 for any changes in, including but not limited to, the manufacturing, testing, packaging or labeling of brexucabtagene autoleucel, or in the manufacturing facilities.

LABELING

Under 21 CFR 201.57(c)(18), patient labeling must be referenced in section 17 PATIENT COUNSELING INFORMATION. Patient labeling must be available and may either be reprinted immediately following the full prescribing information of the package insert or accompany the prescription product labeling.

We hereby approve the draft package insert labeling submitted under amendment STN BL 125703/0/59, dated July 24, 2020, and the draft carton and container labeling submitted under amendment STN BL 125703/0/48, dated May 22, 2020.

WAIVER OF 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, please submit the final content of labeling (21 CFR 601.14) in Structured Product Labeling (SPL) format via the FDA automated drug registration and listing system, (eLIST) as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. 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* at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

We request that the labeling approved today be available on your website within 10 days of receipt of this letter.

PACKAGE AND CONTAINER LABELS

Please electronically submit final printed package and container labels that are identical to the package and container labels submitted on May 22, 2020 and July 23, 2020 according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications* at https://www.fda.gov/regulatory-information/search-fda-guidance-documents/providing-regulatory-submissions-electronic-format-certain-human-pharmaceutical-product-applications.

All final labeling should be submitted as Product Correspondence to this BLA, STN BL 125703/0 at the time of use (prior to marketing) and include implementation information on Form FDA 356h.

PROMOTIONAL MATERIALS

Please note that the accelerated approval regulation concerning promotional materials (21 CFR 601.45) stipulates that all advertising and promotional labeling items that you wish to distribute in the first 120 days following approval, must have been received by FDA prior to the approval date. After approval, promotional items intended for

dissemination after the first 120 days following approval must be submitted to the FDA at least 30 days prior to the anticipated distribution date. Please submit draft materials with a cover letter noting that the items are for accelerated approval, and an accompanying FORM FDA 2253 to the Advertising and Promotional Labeling Branch at the following address:

Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Ave.
WO71-G112
Silver Spring, MD 20993-0002

You must submit copies of your final advertisement and promotional labeling at the time of initial dissemination or publication, accompanied by FORM FDA 2253 (21 CFR 601.12(f)(4)).

Alternatively, you may submit promotional materials for accelerated approval products electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs* at https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf.

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence or substantial clinical experience to support such claims (21 CFR 202.1(e)(6)).

ADVERSE EVENT REPORTING

You must submit adverse experience reports in accordance with the adverse experience reporting requirements for licensed biological products (21 CFR 600.80) and you must submit distribution reports as described in 21 CFR 600.81. For information on adverse experience reporting, please refer to the guidance for industry *Providing Submissions in Electronic Format —Postmarketing Safety Reports* at https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072369 and FDA's Adverse Event reporting System website at http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115894.htm. For information on distribution reporting, please refer to the guidance for industry *Electronic Submission of Lot Distribution Reports* at http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Post-MarketActivities/LotReleases/ucm061966.htm.

PEDIATRIC REQUIREMENTS

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 in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because the biological product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER SECTION 505(o)

Section 505(o) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute (section 505(o)(3)(A), 21 U.S.C. 355(o)(3)(A)).

We have determined that an analysis of spontaneous postmarketing adverse events reported under section 505(k)(1) of the FDCA will not be sufficient to identify a serious risk of secondary malignancies associated with use of brexucabtagene autoleucel.

Furthermore, the pharmacovigilance system that FDA is required to maintain under section 505(k)(3) of the FDCA is not sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, we have determined that you are required to conduct the following study:

3. A post-marketing, prospective, multi-center, observational study to assess the long-term safety of brexucabtagene autoleucel and the risk of secondary malignancies occurring after treatment with brexucabtagene autoleucel. The study will include at least 500 adult patients with relapsed or refractory mantle cell lymphoma after two or more lines of systemic therapy; the enrolled patients will be followed for 15 years after the product administration.

   We acknowledge the timetable you submitted on June 29, 2020 which states that you will conduct this study according to the following schedule:

   Final Protocol Submission: August 31, 2020

   Study Completion Date: August 31, 2040

   Final Report Submission: August 31, 2041

Please submit the protocol to your IND 16675, with a cross-reference letter to this BLA, STN BL 125703/0, explaining that this protocol was submitted to the IND. Please refer

to the sequential number for each study/clinical trial and the submission number as shown in this letter.

Please submit final study reports to the BLA. If the information in the final study report supports a change in the labeling, the final study report must be submitted as a supplement to this BLA, STN BL 125703/0. For administrative purposes, all submissions related to this postmarketing study required under section 505(o) must be submitted to this BLA and be clearly designated as:

- **Required Postmarketing Correspondence under Section 505(o)**
- **Required Postmarketing Final Report under Section 505(o)**
- **Supplement contains Required Postmarketing Final Report under Section 505(o)**

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. In addition, section 506B of the FDCA and 21 CFR 601.70 require you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

You must describe the status in an annual report on postmarketing studies for this product. Label your annual report as an **Annual Status Report of Postmarketing Requirements/Commitments** and submit it to the FDA each year within 60 calendar days of the anniversary date of this letter until all Requirements and Commitments subject to the reporting requirements of section 506B of the FDCA are fulfilled or released. The status report for each study should include:

- the sequential number for each study as shown in this letter;
- information to identify and describe the postmarketing requirement;
- the original milestone schedule for the requirement;
- the revised milestone schedule for the requirement, if appropriate;
- the current status of the requirement (i.e., pending, ongoing, delayed, terminated, or submitted); and,
- an explanation of the status for the study or clinical trial. The explanation should include how the study is progressing in reference to the original projected schedule, including, the patient accrual rate (i.e., number enrolled to date and the total planned enrollment).

As described in 21 CFR 601.70(e), we may publicly disclose information regarding these postmarketing studies on our website at https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Post-marketingPhaseIVCommitments/default.htm.

We will consider the submission of your annual report under section 506B of the FDCA and 21 CFR 601.70 to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in section 505(o) and 21

CFR 601.70. We remind you that to comply with section 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to periodically report on the status of studies or clinical trials required under section 505(o) may be a violation of FDCA section 505(o)(3)(E)(ii) and could result in regulatory action.

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

Section 505-1 of the FDCA authorizes FDA to require the submission of a risk evaluation and mitigation strategy (REMS), if FDA determines that such a strategy is necessary to ensure that the benefits of the drug outweigh the risks [section 505-1(a)].

In accordance with section 505-1 of the FDCA, we have determined that a REMS is necessary for TECARTUS to ensure that the benefits of the drug outweigh the risks of cytokine release syndrome (CRS) and neurological toxicities.

Your proposed REMS must include the following:

Elements to Assure Safe Use: Pursuant to 505-1(f)(1), we have determined that TECARTUS can be approved only if elements necessary to assure safe use are required as part of the REMS to mitigate the risks of CRS and neurological toxicities. Your REMS includes the following elements to mitigate these risks:

- Health care settings that dispense YESCARTA or TECARTUS are specially certified
- YESCARTA or TECARTUS is dispensed to patients only in certain health care settings

Implementation System: The REMS must include an implementation system to monitor, evaluate, and work to improve the implementation of the elements to assure safe use which require healthcare settings that dispense the drug be specially certified and that the drug be dispensed to patients only in certain healthcare settings, specifically, certified hospitals and their associated clinics with appropriate access to tocilizumab.

Due to the similar serious risks of CRS and neurological toxicities of YESCARTA (approved on October 18, 2017), and in order to minimize burden on the healthcare delivery system [section 505-1(f)(2)(D)], your REMS for YESCARTA (BLA 125643) and your REMS for TECARTUS (125703) have been merged into a single “YESCARTA and TECARTUS REMS” program and, consequently, subject to the same REMS assessment plan and subsequent REMS assessments. Your YESCARTA and TECARTUS REMS must be fully operational before you introduce TECARTUS into interstate commerce.

Your proposed YESCARTA and TECARTUS REMS, submitted on July 23, 2020, and appended to this letter, is approved. The REMS consists of elements to assure safe

use, an implementation system and a timetable for submission of assessments of the REMS.

The REMS assessment plan must include, but is not limited to, the following:
For the first (6-month) YESCARTA and TECARTUS REMS assessment only, provide the following operational metrics:

A. Date the YESCARTA and TECARTUS REMS website went live;
B. Date the REMS call center was operational;
C. Date hospitals were able to complete the YESCARTA AND TECARTUS REMS certification process;
D. Date of first notification of hospital and their associated clinic certification;
E. List of hospitals certified under the YESCARTA REMS that did not transition to the YESCARTA and TECARTUS REMS by 90 days from TECARTUS approval;
F. Major or critical noncompliance with REMS requirements by hospitals that occurred during transition to the YESCARTA AND TECARTUS REMS;
G. An assessment of hospitals and associated clinics compliance in following the proposed transition plan in transitioning from the YESCARTA REMS to the YESCARTA and TECARTUS REMS.

For the 12-month and subsequent annual assessments:

The REMS Program Infrastructure and Performance (provide in tabular format as appropriate)

A. Hospitals and their associated clinics enrollment and education statistics

- List of all enrolled hospital sites, locations, dates of enrollment, and method (email, fax) of enrollment and dates of certification notification;
- Number of incomplete enrollments at the time of assessment data lock;
- Number and date of training on YESCARTA and TECARTUS REMS;
- Number of knowledge assessments completed by hospital and their personnel, other than the authorized representative, by certified hospital;
- Mean and range of attempts to successfully complete the knowledge assessment;
- Summary of most frequently missed questions;
- Number of hospitals that require retraining due to the absence of any YESCARTA or TECARTUS dispensing at least once annually from the date of certification in the YESCARTA and TECARTUS REMS.

B. Utilization of YESCARTA or TECARTUS

- Number and age of patients treated with YESCARTA or TECARTUS; provide number treated at each certified hospital;
- Number and age of patients for which YESCARTA or TECARTUS was ordered but never infused and the reason(s) that the patient was not treated;

provide number of occurrences at each certified hospital for each reporting period and cumulatively;
- Time between certification and first order for YESCARTA or TECARTUS for each hospital certified during the assessment period.

C. Compliance with YESCARTA and TECARTUS REMS

- Number and name of non-certified hospital(s) that have treated a patient with YESCARTA or TECARTUS and any corrective actions taken to prevent future occurrences (e.g., provision of REMS training program, REMS hospital certification form) and the number of these that subsequently became certified;
- Audits: A summary of findings from first-order audits and annual audits and any action taken and outcome of actions to prevent future occurrences;
- Summary of findings for monitoring conducted during the reporting period by hospitals, including any corrective and preventative actions (CAPA).

D. YESCARTA and TECARTUS REMS Customer Care Center

- Number of contacts by stakeholder type (patient/guardian, prescriber, hospital and their associated clinic authorized representative, other health care provider (HCP), other);
- Summary of frequently asked questions (FAQ) by stakeholder type;
- Summary of any non-compliance that is identified through call center contacts, source of report and resulting corrective and preventative actions.

E. An evaluation of understanding of the risks and mitigation strategies of the YESCARTA and TECARTUS REMS as well as compliance with the mitigation strategies in those who prescribe, dispense, or administer YESCARTA and/or TECARTUS as well as hospital and their associated clinic authorized representatives.

F. With respect to each goal included in the strategy, an assessment of the extent to which the approved strategy, including each element of the strategy, is meeting the goal or whether one or more such goals or such elements should be modified (Section 505-1(g)(3).

Knowledge, Attitudes, and Behavior (KAB) surveys will be conducted with those who prescribe, dispense, or administer YESCARTA and/or TECARTUS, as well as hospital authorized representatives, in order to assess their awareness and understanding of the risks of YESCARTA and/or TECARTUS and the mitigation strategies as outlined in the REMS goals and objectives.

The methodology and the knowledge, attitudes, and behavior (KAB) protocols and survey instruments should be submitted to the Agency for review at least 90 days before the surveys are initially administered.

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). 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, proposed 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 a REMS modification*, 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 125703 REMS CORRESPONDENCE
(insert concise description of content in bold capital letters, e.g., UPDATE TO REMS SUPPORTING DOCUMENT - 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 125703 REMS ASSESSMENT

NEW SUPPLEMENT FOR BLA 125703
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR BLA 125703
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR BLA 125703
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABEL CHANGES SUBMITTED IN SUPPLEMENT [125703/####]

or

NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR BLA 125703 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 REVISION FOR BLA 125703

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.

FDA can accept the REMS document in Structured Product Labeling (SPL) format. If you intend to submit the 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 SPL format using the FDA automated drug registration and listing system (eLIST).

POST-APPROVAL FEEDBACK MEETING

New biological products qualify for a post-approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, please contact the Regulatory Project Manager for this application.

Sincerely,

Wilson W. Bryan, MD
Director
Office of Tissues and Advanced Therapies
Center for Biologics Evaluation and Research

Enclosures:
REMS