

Our STN: BL 125714/90

**SUPPLEMENT APPROVAL**  
June 24, 2022

Juno Therapeutics, Inc., a Bristol-Myers Squibb Company  
Attention: Alison Blaus  
86 Morris Ave  
Summit, NJ 07901

Dear Ms. Blaus:

We have approved your request received December 23, 2021, to supplement your Biologics License Application (BLA) submitted under section 351(a) of the Public Health Service Act for lisocabtagene maraleucel, to support two new indications for the treatment of adult patients with large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B, who have:

- refractory disease to first-line chemoimmunotherapy or relapse within 12 months of first-line chemoimmunotherapy; or
- refractory disease to first-line chemoimmunotherapy or relapse after first-line chemoimmunotherapy and are not eligible for hematopoietic stem cell transplantation (HSCT) due to comorbidities or age.

Limitations of Use: Lisocabtagene maraleucel is not indicated for the treatment of patients with primary central nervous system lymphoma.

We have also approved your request to include a major modification to the approved Risk Evaluation and Mitigation Strategy (REMS) to align with the new indications described above.

The review of this supplement was associated with the following National Clinical Trial (NCT) numbers: NCT03575351, NCT03483103, NCT02631044, NCT03484702, and NCT03744676.

## **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 content of labeling Package Insert and Medication Guide submitted under amendment 35, dated June 23, 2022 and the draft carton and container labels submitted under amendment 30, June 17, 2022.

## **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>. Content of labeling must be identical to the Package Insert and Medication Guide submitted on June 23, 2022. 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.

All final labeling should be submitted as Product Correspondence to this BLA, STN BL 125714/90 at the time of use and include implementation information on Form FDA 356h.

## **ADVERTISING AND PROMOTIONAL LABELING**

You may submit two draft copies of the proposed introductory advertising and promotional labeling with 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 advertising and promotional labeling at the time of initial dissemination or publication, accompanied by Form FDA 2253 (21 CFR 601.12(f)(4)).

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)).

Please submit an amendment to all pending supplemental applications for this BLA that include revised labeling incorporating a revised content of labeling that includes these changes.

## **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, and since this is a supplemental BLA, you are exempt from this requirement.

## **RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS**

The REMS for lisocabtagene maraleucel (Breyanzi) was originally approved on February 5, 2021. 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, Hospital Enrollment Form, REMS Patient Wallet Card, Live Training Program, Knowledge Assessment and REMS Program Website to align with labeling changes related to the new indications, as well as editorial changes to the REMS Document.

Your proposed modified REMS submitted June 23, 2022, and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on February 5, 2021. There are no changes to the REMS assessment plan described in our letter dated February 5, 2021.

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 any 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 125714 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 125714 REMS ASSESSMENT**

*or*

**NEW SUPPLEMENT FOR BLA 125714  
CHANGES BEING EFFECTED IN 30 DAYS  
PROPOSED MINOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR BLA 125714  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED MAJOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR BLA 125714  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABEL CHANGES  
SUBMITTED IN SUPPLEMENT XXX**

*or*

**NEW SUPPLEMENT (NEW INDICATION FOR USE)  
FOR BLA 125714  
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 125714**

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).

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,  
(Signed for Tejashri Purohit-Sheth, MD)

Tejashri Purohit-Sheth, MD  
Director  
Division of Clinical Evaluation and Pharmacology/Toxicology  
Office of Tissues and Advanced Therapies  
Center for Biologics Evaluation and Research

Enclosures:  
REMS