



Our STN: BL 125746/74

**SUPPLEMENT APPROVAL**

April 5, 2024

Janssen Biotech, Inc.  
Attention: Sara Bender Shaw, PharmD, MHS  
Janssen Research & Development, LLC  
920 US Highway 202  
Raritan, NJ 08869

Dear Dr. Bender Shaw:

We have approved your request received June 6, 2023, to supplement your Biologics License Application (BLA) submitted under section 351(a) of the Public Health Service Act for ciltacabtagene autoleucel, to extend the indication based on the results of the CARTITUDE-4 clinical trial (NCT04181827). This supplemental application also provides for a modification to the approved Risk Evaluation and Mitigation Strategy (REMS).

The review of this supplement was associated with the following National Clinical Trial (NCT) numbers: NCT04181827 and NCT04133636.

## **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 52, dated April 5, 2024.

## **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 April 5, 2024. 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 125746 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)).

For each pending supplemental application for this BLA that includes proposed revised labeling, please submit an amendment to update the proposed revised labeling with the changes approved today.

## **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.

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

### **POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B**

We acknowledge your written commitment as described in your correspondence of April 5, 2024, as outlined below:

PMC #1: Submit the final overall survival report and datasets for the CARTITUDE-NCT04181827 clinical trial, titled “A Phase 3 Study Comparing JNJ-68284528, a Chimeric Antigen Receptor T (CAR T) Cell Therapy Directed Against B-cell Maturation Antigen (BCMA), versus Pomalidomide, Bortezomib and Dexamethasone (PVd) or Daratumumab, Pomalidomide and Dexamethasone (DPd) in Participants With Relapsed and Lenalidomide-Refractory Multiple Myeloma.

Final Protocol Submission: 08/2022

Study/Trial Completion Date: 08/2031

Final Report Submission: 02/2032

Please submit clinical protocols to your IND 18080, and a cross-reference letter to BLA STN BL 125746 explaining that this protocol was submitted to the IND.

If the information in the final study report supports a change in the labeling, the final study report must be submitted as a supplement. Please use the following designators to prominently label all submissions, including supplements, relating to these postmarketing study commitments as appropriate:

- **Postmarketing Commitment – Correspondence Status Update**
- **Postmarketing Commitment – Final Study Report**
- **Supplement contains Postmarketing Commitment Final Study Report**

For each postmarketing study 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 the approval of BLA STN BL 125746 until all requirements and commitments subject to the reporting requirements of section 506B of the Federal Food, Drug, and Cosmetic Act (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 commitment;
- the original schedule for the commitment;
- the status of the commitment (i.e., pending, ongoing, delayed, terminated, or submitted); and,
- an explanation of the status including, for clinical studies, 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 <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Post-marketingPhaseIVCommitments/default.htm>.

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

The REMS for ciltacabtagene autoleucel (CARVYKTI) was originally approved on February 28, 2022, and the most recent REMS modification was approved on March 15, 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 alignment of the REMS website with the U.S. package insert (USPI).

Your proposed modified REMS submitted March 27, 2024, and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on February 28, 2022.

There are no changes to the REMS assessment plan described in our March 15, 2024 letter.

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 125746 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 125746 REMS ASSESSMENT**

*or*

**NEW SUPPLEMENT FOR BLA 125746**

**CHANGES BEING EFFECTED IN 30 DAYS  
PROPOSED MINOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR BLA 125746  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED MAJOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR BLA 125746  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABEL CHANGES  
SUBMITTED IN SUPPLEMENT XXX**

*or*

**NEW SUPPLEMENT (NEW INDICATION FOR USE) FOR BLA 125746  
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 125746**

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 [FDAREMSwebsite@fda.hhs.gov](mailto:FDAREMSwebsite@fda.hhs.gov).

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 Hematology  
Office of Clinical Evaluation  
Office of Therapeutic Products  
Center for Biologics Evaluation and Research

Enclosures:  
REMS