



Our STN: BL 125714/591

SUPPLEMENT APPROVAL

June 26, 2025

Juno Therapeutics, Inc., a Bristol-Myers Squibb Company
Attention: Megan Fitzgerald
1000 Dexter Ave. N., Suite 1200
Seattle, Washington 98109

Dear Megan Fitzgerald:

We have approved your request received March 21, 2025 to supplement your Biologics License Application (BLA) submitted under section 351(a) of the Public Health Service Act for lisocabtagene maraleucel (BREYANZI) for proposed modifications to the approved BREYANZI risk evaluation and mitigation strategy (REMS) to eliminate the REMS, and to revise Sections 2 (Dosage and Administration), 5 (Warnings and Precautions), 17 (Patient Counseling Information) of the US Prescribing Information and Medication Guide, to align with REMS elimination and streamline monitoring for patients. This supplement is in response to our March 7, 2025, REMS Modification Notification letter.

RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENT

The REMS for BREYANZI was originally approved on February 5, 2021, and the most recent REMS modification was approved on December 17, 2024. The REMS consists of elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS.

We also refer to your REMS Assessment received on February 5, 2025.

In accordance with section 505-1(g)(4)(B) of the Federal Food, Drug, and Cosmetic Act (FDCA), because a REMS is no longer necessary to ensure that the benefits of BREYANZI outweigh its risks and to minimize the burden on the healthcare delivery system of complying with the REMS, we determined that you were required to make the REMS modifications outlined in our REMS Modification Notification letter dated March 7, 2025.

We have determined that the goal of “Ensuring that hospitals and their associated clinics that dispense BREYANZI are specially certified and have on-site, immediate access to tocilizumab” and the elements to assure safe use are no longer necessary to ensure the benefits of BREYANZI outweigh its risks. This determination is based on:

- Given the established management guidelines and extensive experience of the medical hematology/oncology community in diagnosing and managing the risks

of cytokine release syndrome (CRS) and neurologic toxicities across products in the class of BCMA- and CD19-directed autologous CAR T cell immunotherapies, FDA has determined that the safe and effective use of BREYANZI for the indicated population can be assured without a REMS. The risks for BREYANZI can be conveyed adequately via the current product labeling including the Medication Guide which is a part of the approved labeling.

- Adverse event reporting for CRS and neurological toxicity have remained stable. Adverse event reporting requirements in accordance with 21 CFR 600.80 are adequate for continued routine safety monitoring for BREYANZI.

Therefore, because the elements to assure safe use and implementation system are no longer necessary to ensure the benefits of BREYANZI outweigh its risks, a REMS is no longer required for BREYANZI.

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 # 3, dated June 13, 2025.

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 13, 2025. 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 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.

REPORTING REQUIREMENTS

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.

If you have any questions, please contact the Regulatory Project Manager, Niloofar Kennedy, at (240) 695-2400 or by email at Niloofar.Kennedy@fda.hhs.gov.

Sincerely,

Asha Das, MD
Acting Director
Office of Clinical Evaluation
Office of Therapeutic Products
Center for Biologics Evaluation and Research