DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Silver Spring, MD 20993

March 9, 2026

Kite Pharma, Inc.
Attention: Jonathan Jazayeri
Executive Director, Regulatory Affairs
2400 Broadway, 4th Floor
Santa Monica, CA 90404

RE: TECARTUS (brexucabtagene autoleucel)
BLA 125703/450

Dear Mr. Jazayeri:

The Advertising and Promotional Labeling Branch (APLB) of the U.S. Food and Drug Administration (FDA) has reviewed various promotional materials for TECARTUS® (brexucabtagene autoleucel) suspension, for intravenous infusion, from Kite Pharma, Inc. (Kite) that include exploratory analyses, such as Progression-Free Survival (PFS) data, Relapse-Free Survival (RFS) data, and Overall Survival (OS) data, in conjunction with representations or suggestions that TECARTUS is effective for these types of clinical benefit. See, for example:

- TECARTUS Healthcare Provider (HCP) website[1]
- TECARTUS - Sales Aid - US-TEC-00309

The promotional materials make false or misleading claims and representations about the benefits of TECARTUS. Thus, the promotional materials misbrand TECARTUS within the meaning of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and make its distribution violative. 21 U.S.C. 321(n); 331(a); 352(a), (n). See 21 CFR 202.1(e)(5). These violations are particularly concerning from a public health perspective because the promotional materials make misleading representations about TECARTUS being more effective or having greater clinical benefit than has been demonstrated. This may cause doctors and patients to inaccurately weigh the risks versus benefits of treatment with TECARTUS, which can be fatal or life-threatening.

Background

According to the FDA-approved prescribing information (PI) for TECARTUS:

[1] TECARTUS HCP website, "Efficacy Data" section of the website available at: https://www.tecartushcp.com/car-t-cell-therapy/acute-lymphoblastic-leukemia/additional-efficacy-data (last accessed March 2026).

TECARTUS is a CD19-directed genetically modified autologous T-cell immunotherapy indicated for the treatment of:

- Adult patients with relapsed or 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.
- Adult patients with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).

The PI for TECARTUS also includes a BOXED WARNING and WARNINGS AND PRECAUTIONS including, but not limited to, fatal or life-threatening reactions of Cytokine Release Syndrome, fatal or life-threatening neurological toxicities, secondary malignancies, life-threatening Hemophagocytic Lymphohistiocytosis/Macrophage Activation Syndrome, life-threatening severe infections, prolonged cytopenias, and hypogammaglobulinemia related to B-cell aplasia. The accelerated approval pathway can allow for earlier approval of drugs intended to treat serious conditions and fill an unmet medical need. Accelerated approval is based on an effect on a surrogate or intermediate clinical endpoint that is thought to be reasonably likely to predict clinical benefit, rather than on a direct measurement of clinical benefit. FDA has required sponsors of drugs approved under the accelerated approval pathway, including TECARTUS, to conduct a confirmatory trial to verify and describe the clinical benefit of the drug.[2]

TECARTUS studies, ZUMA-2 and ZUMA-3, were designed as multicenter, open-label, single-arm trials (i.e., with no comparator arm). Efficacy for the MCL indication was established from the ZUMA-2 trial based on objective response rate (ORR) and duration of response (DOR). The efficacy for the ALL indication was established from the ZUMA-3 trial based on complete remission (CR) within 3 months after infusion and the duration of CR (DOCR).

False or Misleading Benefit Presentation

Prescription drug advertisements and labeling (promotional communications) misbrand a drug if they are false or misleading with respect to efficacy. The determination of whether a promotional communication is misleading includes, among other things, not only representations made or suggested in the promotional communication, but also the extent to which the promotional communication fails to reveal facts material in light of the representations made or with respect to consequences that may result from the use of the drug as recommended or suggested in the promotional communication. See section 201(n) of the FD&C Act, 21 U.S.C. 321(n).

You include representations in TECARTUS's promotional materials suggesting that it is effective in providing PFS, RFS, and OS benefits. For example, TECARTUS' promotional

[2] We note that Kite fulfilled the first post marketing requirement (PMR 1) for TECRATUS in July 2022. The second confirmatory study, ZUMA-2 Cohort 3 18-month follow-up analysis, was recently completed.

materials include headlines such as: "**60% alive at 30 months (OS rate KM estimate)**," "**53% progression-free at 2 years (95% CI: 39.9, 64.3)**," "**15.5 months RFS in patients who achieved CR/CRi (n=39 responders)**", "[**Overall survival] in the ~4-year analysis of ZUMA-3**", and "**42% alive at 4 years (OS rate KM estimate)**." Your presentations include data for time-to-event endpoints from single-arm trials, such as PFS, RFS, and OS, that have statistical limitations rendering such endpoints uninterpretable. Specifically, ZUMA-2 and ZUMA-3 were designed as a single-arm trials (i.e., with no comparator arm), and the MCL and ALL indications were approved based on ORR, DOR, CR within 3 months after infusion and DOCR. In the absence of an appropriate comparator for TECARTUS, it is not possible to determine if the observed effect you represented is attributable to TECARTUS or to other factor(s), such as the natural history of the disease. Consequently, your promotional advertising and labeling that represents or suggests that TECARTUS is effective in providing PFS, RFS, or OS is misleading.

We acknowledge that your presentations include, but are not limited to, the following statements (in smaller less prominent font) next to the PFS, RFS, and OS presentations:

- *Study Limitations: These results represent a separate, preplanned, post hoc analysis of in the ZUMA-2 study. Data from the ~3-year analysis are descriptive and the follow-up study was not powered or adjusted for multiplicity to assess efficacy. These data are not included in the Prescribing Information for TECARTUS and should be carefully interpreted*
- *In the primary analysis, median OS was not reached (95% CI: 24, NE) at a median follow-up of 12.3 months*
- *OS was a secondary endpoint of the ZUMA-2 phase 2, single-arm, open-label study and was not the primary objective of the study*
- *PFS was a secondary endpoint of the ZUMA-2 phase 2, single-arm, open-label study and was not the primary objective of the study*
- *OS data are not included in the USPI. OS data are descriptive and should be carefully interpreted in light of the single-arm design*
- *OS was a secondary endpoint of the ZUMA-3 phase 2, single-arm, open-label study and was not the primary objective of the study*
- *RFS was a secondary endpoint of the ZUMA-3 phase 2, single-arm, open-label study*
- *RFS data are not included in the USPI. RFS data are descriptive and should be carefully interpreted in light of the single-arm study design*

In support of these representations, you cite several references including publications of ZUMA-2 and ZUMA-3 studies. However, these statements and references do not sufficiently mitigate the overall misleading message conveyed by these materials.

Conclusion and Requested Action

For the reasons discussed above, your promotional materials misbrand TECARTUS within the meaning of the Act and make its distribution violative. See 21 U.S.C. 321(), 331(a), and 352(a), (n); 21 CFR 202.1(e)(5).

This letter notifies you of our concerns and provides you with an opportunity to address them. APLB requests that you cease any violations of the FD&C Act. Within 15 working days of receipt, please submit a written response to this letter addressing the concerns described, listing all advertising and promotional labeling materials (including the dissemination/publication date and Material ID Code) for TECARTUS that contain the same or similar representations or suggestions, and explaining your plans for discontinuation of such.

If you believe that your product is not in violation of the FD&C Act, please include in your submission to us your reasoning and any supporting information for our consideration within 15 working days from the date of receipt of this letter.

The concerns discussed in this letter do not constitute an exhaustive list of potential violations. It is your responsibility to ensure compliance with all applicable requirements of the FD&C Act and its implementing regulations.

Please submit your response to your eCTD under the heading 1.15.1.6 and email a copy of your response to CBERAPLB@fda.hhs.gov. We remind you that only written communications are considered official responses. All correspondence should include a subject line that clearly identifies the submission as a Response to Untitled Letter and refer to the BLA/STN numbers.

Questions related to the submission of your response letter should be emailed to CBERAPLB@fda.hhs.gov.

Sincerely,

Melissa Mendoza, J.D.
Office Director
Office of Compliance and Biologics Quality
Center for Biologics Evaluation and Research