DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Silver Spring, MD 20993

Judy Wagner
Associate Director, Regulatory Advertising and Promotion
Janssen Biotech, Inc.
800 Ridgeview Drive
Horsham, PA 19044

RE: NDA 219683
INLEXZO™ (gemcitabine intravesical system)
MA 106

Dear Judy Wagner:

The Office of Prescription Drug Promotion (OPDP) of the U.S. Food and Drug Administration (FDA) has reviewed the promotional communication, the "Efficacy" webpage[1] (webpage) on the INLEXZO Healthcare Provider Branded Website (CP-510269)[2] for INLEXZO™ (gemcitabine intravesical system) (Inlexzo) submitted by Janssen Biotech, Inc. (Janssen) under cover of Form FDA 2253. The FDA Bad Ad Program also received complaints regarding promotional communications with representations similar to those discussed in this letter. The webpage makes false or misleading representations about the benefits of Inlexzo. Thus, the webpage misbrands Inlexzo within the meaning of the Federal Food, Drug, and Cosmetic Act (FD&C Act) and makes its distribution a violation of the Act. 21 U.S.C. 352(a), (n); 321(n); 331(a). 21 CFR 202.1(e)(5). These violations are concerning from a public health perspective because the promotional communication makes misleading representations about the benefits of Inlexzo in patients with Bacillus Calmette-Guérin (BCG)-unresponsive, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors. Radical cystectomy is the preferred treatment for patients with BCG-unresponsive NMIBC with CIS. Because this surgery carries a high risk of complications, patients may seek non-surgical options for treatment.[3] However, surgical delay or avoidance can increase the risk for disease progression to a more advanced stage.[4,5]

[1] The "Efficacy" webpage is accessed from the "Efficacy" sub-navigation menu of the website. See: https://www.inlexzohcp.com/efficacy/ (last accessed November 17, 2026).
[2] The material ID referenced on the "Efficacy" webpage includes "v4."
[3] Razdan S, Sljivich M, Pfail J, Wiklund PK, Sfakianos JP, Waingankar N. Predicting morbidity and mortality after radical cystectomy using risk calculators: a comprehensive review of the literature. Urol Oncol. 2021;39(2):109-120. doi:10.1016/j.urolonc.2020.09.032.
[4] Clark PE, Holzbeierlein J, Chang SS, et al. 2026 updates to the diagnosis and treatment of non-muscle invasive bladder cancer: AUA/SUO guideline. J Urol. Published online September 3, 2026. doi:10.1097/JU.0000000000005280.
[5] National Comprehensive Cancer Network (NCCN). Bladder Cancer (Version 3.2026). See: https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. (last accessed November 17, 2026).

The “Efficacy” webpage includes the following efficacy representations regarding avoidance of radical cystectomy (RC) (in pertinent part, emphasis original, footnotes omitted):

“INLEXZO is designed for patients seeking bladder preservation

…

84% (57/68) of patients who achieved a CR did not have an RC

…

- Median follow-up time in responders: 20.2 months (range: 5-48 months)"

These representations on the webpage misleadingly suggest that the SunRISe-1 study provided interpretable results regarding the effects of Inlexzo on the avoidance of RC (i.e., “bladder preservation”), even though the design of the SunRISe-1 study was not capable of establishing improvement on this time-to-event endpoint. Inlexzo was approved based on an effect shown on complete response and duration of response in SunRISe-1, a single-arm study. As a reference for these representations, you cite data on file. However, as SunRISe-1 was designed as a single-arm study (i.e., with no comparator arm) and avoidance of RC is a time-to-event endpoint, the reported effect on avoidance of RC is uninterpretable; absent an appropriate comparator, it is not possible to determine if the observed effect is attributable to Inlexzo or to other factor(s), such as the natural history of the disease.

We acknowledge that the following text appears in conjunction with the claims described above (in pertinent part, emphasis original):

- “Delaying cystectomy can lead to the development of metastatic bladder cancer, which can be lethal
- **Disclaimer:** This exploratory analysis is not in the Prescribing Information. It is being provided for descriptive purposes; results require cautious interpretation, as RC may have occurred after patient discontinuation”

However, including these statements in Inlexzo’s promotional communications, along with misleading representations about Inlexzo’s efficacy (i.e., avoidance of RC results from SunRISe-1), does not render the promotional communication nonmisleading in light of the issues with SunRISe-1 (explained above) that make the study incapable of supporting representations or suggestions that these results are attributable to the effect of Inlexzo.

The webpage also includes the following representations regarding progression to muscle-invasive bladder cancer (MIBC) (in pertinent part, emphasis original, footnotes omitted):

“92% (76/83) of evaluable patients did not progress to MIBC (≥T2)

- **8%** (7/83) of evaluable patients experienced progression to MIBC (≥T2)
- **3.5%** (3/83) had progression determined at cystectomy, with a median of 94 days between persistent/recurrent CIS or T1 and MIBC"

These representations misleadingly suggest that the rate of non-progression to MIBC (i.e., 92%) is a demonstrated efficacy outcome attributable to treatment with Inlexzo when this is

not the case. As a reference for these representations, you cite the Inlexzo prescribing information (PI). However, according to the WARNINGS AND PRECAUTIONS, *Risk of Metastatic Bladder Cancer with Delayed Cystectomy* section of the Inlexzo PI, these data reflect supportive information regarding a warning about the risk of metastatic bladder cancer with delayed cystectomy, not an efficacy outcome of Inlexzo. Furthermore, according to the CLINICAL STUDIES section of the PI, progression to MIBC was not an efficacy endpoint studied in the SunRISe-1 study, which, as noted above, was designed as a single-arm study with no comparator arm and has limitations in interpretability. By presenting this information on the "Efficacy" webpage and omitting material information to explain that the data are merely supportive of a known warning, the webpage misleadingly suggests that the results described above represent a demonstrated efficacy outcome of Inlexzo when this has, in fact, not been demonstrated.

Conclusion and Requested Action

For the reasons described above, the webpage misbrands Inlexzo within the meaning of the FD&C Act and makes its distribution violative. 21 U.S.C. 352(a), (n); 321(n); 331(a). 21 CFR 202.1(e)(5).

This letter notifies you of our concerns and provides you with an opportunity to address them. OPDP requests that Janssen take immediate action to address any violations of the FD&C Act.

Please submit a written response to this letter within 15 working days from the date of receipt, addressing the concerns described in this letter, listing all promotional communications (with the 2253 submission date) for Inlexzo that contain representations like those described above, and explaining your plan for the discontinuation of such communications, or for ceasing distribution of Inlexzo.

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 necessarily constitute an exhaustive list of potential violations. It is your responsibility to ensure compliance with each applicable requirement of the FD&C Act and FDA implementing regulations.

Please direct your response to the **Food and Drug Administration, Center for Drug Evaluation and Research, Office of Prescription Drug Promotion, 5901-B Ammendale Road, Beltsville, Maryland 20705-1266**. A courtesy copy can be sent by facsimile to (301) 847-8444. Please refer to MA 106 in addition to the NDA number in all future correspondence relating to this particular matter. All correspondence should include a subject line that clearly identifies the submission as a Response to Untitled Letter. You are encouraged, but not required, to submit your response in eCTD format. All correspondence submitted in response to this letter should be placed under eCTD Heading 1.15.1.6.

Additionally, the response submission should be coded as an Amendment to eCTD Sequence 0205 under NDA 219683. Questions related to the submission of your response letter should be emailed to CDER-OPDP-RPM@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Jeena Sun, PharmD, MBA
Regulatory Review Officer
Division of Advertising & Promotion Review 1
Office of Prescription Drug Promotion

{See appended electronic signature page}

Emily Dvorsky, PharmD, RAC
Team Leader
Division of Advertising & Promotion Review 1
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This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

JEENA L SUN
11/17/2026 10:47:48 AM

EMILY M DVORSKY
11/17/2026 11:11:36 AM