DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 022425/S-022

SUPPLEMENT APPROVAL
REMOVE REMS ELEMENT
REMS ASSESSMENT PLAN REVISION
REMS ASSESSMENT ACKNOWLEDGMENT

sanofi-aventis, U.S. LLC
Attention: Debra Wiel
Manager, US Regulatory Affairs
55 Corporate Drive
Bridgewater, NJ 08807

Dear Ms. Wiel:

Please refer to your Supplemental New Drug Application (sNDA) dated and, received February 8, 2013, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Multaq (dronedarone) 400 mg Tablets.

This supplemental new drug application proposes a modification of the approved Multaq (dronedarone) risk evaluation and mitigation strategy (REMS).

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

The REMS for Multaq (dronedarone) was originally approved on July 1, 2009, and the most recent REMS modification was approved on September 7, 2012. The REMS consists of a Medication Guide, a communication plan, and a timetable for submission of assessments of the REMS.

We also refer to your August 30, 2013 and January 31, 2014 submissions containing your assessment of the Multaq (dronedarone) REMS. After consultation between the Office of Surveillance and Epidemiology and the Office of New Drugs, we found the REMS assessment to be complete.

Your proposed modification to the REMS consists of eliminating the requirement for the Medication Guide as an element of the REMS, revising the goals of the REMS to target healthcare professionals (and not patients), and to revise the timetable for submission of assessments of the REMS to specify that assessments are due in December (and not August) .

We have determined that maintaining the Medication Guide as part of the approved labeling is adequate to address the serious and significant public health concern and meets the standard in 21 CFR 208.1. Therefore, it is no longer necessary to include the Medication Guide as an element of the approved REMS to ensure that the benefits of the Multaq (dronedarone) outweigh the risks.

Therefore, we agree with your proposal, and a Medication Guide is no longer required as part of the REMS for Multaq (dronedarone).

We remind you that the Medication Guide will continue to be part of the approved labeling for Multaq (dronedarone) in accordance with 21 CFR 208.

The timetable for submission of assessments of the REMS is slightly modified from that approved on July 1, 2009, with assessments submitted to FDA annually for years 1-5 and at year 7, but now due on the 31st of December.

Our June 13, 2012 REMS modification approval letter described the REMS assessment plan. The REMS assessment plan should be revised because the Medication Guide is no longer part of the REMS and communication activities have been completed.

Your revised REMS assessment plan should include, but is not limited to, the following item(s):

1. Physician survey to evaluate the use of Multaq (dronedarone hydrochloride) in patients with permanent atrial fibrillation, including physician adherence to cardiac rhythm monitoring recommendations.

2. The requirements for assessments of an approved REMS under section 505-1(g)(3) include with respect to each goal included in the strategy, an assessment of the extent to which the approved strategy, including each element of the strategy, is meeting the goal or whether 1 or more such goals or such elements should be modified.

In addition to the assessments submitted according to the timetable included in the approved REMS, you must submit a REMS assessment and may propose a modification to the approved REMS when you submit a supplemental application for a new indication for use as described in section 505-1(g)(2)(A) of the FDCA.

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:

NDA 022425 REMS CORRESPONDENCE
(insert concise description of content in bold capital letters, e.g.,
UPDATE TO REMS SUPPORTING DOCUMENT - ASSESSMENT METHODOLOGY)

An authorized generic drug under this NDA must have an approved REMS prior to marketing. Should you decide to market, sell, or distribute an authorized generic drug under this NDA, contact us to discuss what will be required in the authorized generic drug REMS submission.

Prominently identify the 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:

NDA 022425 REMS ASSESSMENT

NEW SUPPLEMENT FOR NDA 022425
PROPOSED REMS MODIFICATION

NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR NDA 022425
REMS ASSESSMENT
PROPOSED REMS MODIFICATION (if included)

If you do not submit electronically, please send 5 copies of REMS-related submissions.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, please call:

Lori Anne Wachter, RN, BSN, RAC
Regulatory Project Manager for Safety
(301) 796-375

Sincerely,

{See appended electronic signature page}

Mary Ross Southworth, PharmD.
Deputy Director for Safety
Office of Drug Evaluation I
Center for Drug Evaluation and Research

ENCLOSURE(S):
REMS

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

MARY R SOUTHWORTH
03/19/2014