



NDA 021951/S-022
NDA 211913/S-010

SUPPLEMENT APPROVAL

Sun Pharmaceutical Industries, Inc.
Attention: Juan Grijalva
Sr. Manager, Regulatory Affairs
2 Independence Way
Princeton, NJ 08540

Dear Mr. Grijalva:

Please refer to your supplemental new drug applications (sNDAs) dated and received November 7, 2022 and November 8, 2022, and your amendments, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Absorica (isotretinoin) capsules, 10mg, 20mg, 25mg, 30mg, 35mg, 40mg; and Absorica LD (isotretinoin) capsules, 8mg, 16mg, 20mg, 24mg, 28mg, 32mg.

This Prior Approval sNDAs provide for proposed modifications to the approved iPLEDGE Risk Evaluation and Mitigation Strategy (REMS).

We have completed our review of these supplemental applications, as amended. they are approved effective on the date of this letter.

RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS

The Shared System (SS) REMS for isotretinoin products, of which Absorica (isotretinoin) and Absorica LD (isotretinoin) are members, was originally approved on October 22, 2010, and the most recent REMS modification was approved on October 6, 2022. The SS REMS consists of elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS.

Your proposed modifications to the REMS consist of changes to the communication materials and dissemination plans to remove information that was initially used to support the October 2021 REMS modification, technical updates to the iPLEDGE REMS database system, and adding clarifying language to the materials related to abstinence and patient risk categories.

Your proposed modified REMS, submitted to Drug Master File 032462 on November 2, 2022, amended and appended to this letter, is approved.

This shared system REMS, known as the iPLEDGE REMS, currently includes products listed on the FDA REMS website¹.

Other products may be added in the future if additional NDAs or ANDAs are approved. The timetable for submission of assessments of the REMS remains the same as that approved on October 8, 2021.

There are no changes to the REMS assessment plan described in our October 8, 2021 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 that 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. *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:

NDA 021951/NDA 211913 REMS ASSESSMENT METHODOLOGY
(insert concise description of content in bold capital letters, e.g.,
ASSESSMENT METHODOLOGY, PROTOCOL, SURVEY METHODOLOGIES,
AUDIT PLAN, DRUG USE STUDY)

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.

We remind you that section 505-1(f)(8) of FDCA prohibits holders of an approved covered application with elements to assure safe use from using any element to block or delay approval of an application under section 505(b)(2) or (j). A violation of this provision in 505-1(f) could result in enforcement action.

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:

NDA 021951/NDA 211913 REMS ASSESSMENT

or

NEW SUPPLEMENT FOR NDA 021951/S-000/NDA 211913/S-000
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION

or

**NEW SUPPLEMENT FOR NDA 021951/S-000/NDA 211913/S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION**

or

**NEW SUPPLEMENT FOR NDA 021951/S-000/NDA 211913/S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABELING
CHANGES SUBMITTED IN SUPPLEMENT XXX**

or

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR NDA 021951/S-000/NDA 211913/S-000
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 NDA 021951/NDA 211913

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, or website screenshots are only in PDF format, they may be submitted as such, but Word format is preferred.

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 more information on submitting REMS in SPL format, please email FDAREMSwebsite@fda.hhs.gov.

REQUIRED PEDIATRIC ASSESSMENTS

U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), 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 none of these criteria apply to your application, you are exempt from this requirement.

PATENT LISTING REQUIREMENTS

Pursuant to 21 CFR 314.53(d)(2) and 314.70(f), certain changes to an approved NDA submitted in a supplement require you to submit patent information for listing in the Orange Book upon approval of the supplement. You must submit the patent information required by 21 CFR 314.53(d)(2)(i)(A) through (C) and 314.53(d)(2)(ii)(A) and (C), as applicable, to FDA on Form FDA 3542 within 30 days after the date of approval of the supplement for the patent information to be timely filed (see 21 CFR 314.53(c)(2)(ii)). You also must ensure that any changes to your approved NDA that require the submission of a request to remove patent information from the Orange Book are submitted to FDA at the time of approval of the supplement pursuant to 21 CFR 314.53(d)(2)(ii)(B) and 314.53(f)(2)(iv).

REPORTING REQUIREMENTS

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

We also remind you of your specific reporting obligations regarding serious adverse events in patients who have received Isotretinoin Capsules. In addition to the usual postmarketing reporting of adverse drug experiences (21 CFR 314.80(C)), you will submit a 15-day report for each of the following:

- All pregnancy exposures to Isotretinoin Capsules; and
- All psychiatric events including suicides, attempted suicides, and suicidal ideation.

In addition, you should continue to provide us with the following reports:

1. Periodic Adverse Drug Experience Report to be submitted annually
2. iPLEDGE Report to be submitted March 1, 2024 and every two years thereafter

If you have any questions, call Dawn Williams, Safety Regulatory Project Manager, at (301)796-5376.

Sincerely,

{See appended electronic signature page}

Tatiana Oussova, MD, MPH
Deputy Director for Safety
Division of Dermatology and Dentistry
Office of Immunology and Inflammation
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURE:

- REMS

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/

TATIANA OUSSOVA
03/24/2023 04:51:43 PM