Food and Drug Administration Silver Spring MD 20993

NDA 204410/S-010

SUPPLEMENT APPROVAL

Actelion Clinical Research, Inc. Attention: Paula Clark Director, Drug Regulatory Affairs 1820 Chapel Avenue West, Suite 300 Cherry Hill, NJ 08002

Dear Ms. Clark:

Please refer to your Supplemental New Drug Application (sNDA) dated December 16, 2016, received December 16, 2016, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Opsumit (Macitentan) 10 mg tablets.

We acknowledge receipt of your risk evaluation and mitigation strategy (REMS) assessment dated October 17, 2017.

We acknowledge receipt of your amendment dated April 16, 2018, which constituted a complete response to our May 4, 2017, action letter.

This Prior Approval supplemental new drug application provides for revisions to the approved labeling and proposed modifications to the approved Opsumit risk evaluation and mitigation strategy (REMS). The following sections in the approved labeling are affected:

- Section 1 Indications and Usage
- Subsection 2.2 Pregnancy Testing in Females of Reproductive Potential
- Subsection 4.1 of Contraindications
- Subsection 5.7 of Warnings and Precautions
- Subsection 6.1 of Adverse Reactions
- Section 7 Drug Interactions
- Section 8 Use in Specific Populations
- Subsections 12.1 and 12.3 of Clinical Pharmacology
- Section 14 Clinical Studies
- Section 17 Patient Counseling Information
- The Medication Guide

APPROVAL & LABELING

We have completed our review of this supplemental application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using 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 enclosed labeling (text for the Prescribing Information, Medication Guide), with the addition of any labeling changes in pending "Changes Being Effected" (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eList may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible from publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in Microsoft Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes. To facilitate review of your submission(s), provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

We request that the labeling approved today be available on your website within 10 days of receipt of this letter.

RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS

The REMS for Opsumit was originally approved on October 18, 2013, and the most recent REMS modification was approved on August 25, 2017. The REMS consists of a Medication Guide, elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS. Your proposed modification to the REMS consists of:

- An update to reflect the revised Indication Statement with additional minor edits:
 - o Prescriber and Pharmacy Guide for the Opsumit REMS Program
 - o Opsumit REMS Website
- An update to the REMS to correspond to the current format

- Modifications to the Guide for Females Who Can Get Pregnant to incorporate information on females who cannot get pregnant and retitle it as Guide for Female Patients
- Revisions to the Prescriber and Pharmacy Guide and website to include the updated indication and updated language in the "Risk of teratogenicity" section to align with the updated labeling and incorporate content for females who cannot get pregnant from the Guide for Female Patients

Additionally, in accordance with section 505-1 of the FDCA, we have determined that the following REMS modifications are necessary to minimize burden on the healthcare delivery system of complying with the REMS:

- **REMS Goals**: The overall goal of the Opsumit REMS remains the same; however, the presentation of the REMS goals were updated to better articulate how the REMS is structured to mitigate risk.
- Medication Guide: 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. Therefore, it is no longer necessary to include the Medication Guide as an element of the approved REMS to ensure that the benefits of Opsumit outweigh its risks. The Medication Guide will continue to be part of the approved labeling in accordance with 21 CFR 208. Like other labeling, Medication Guides are subject to the safety labeling change provisions of section 505(o)(4) of the FDCA.

Your proposed modified REMS, submitted on April 16, 2018, amended and appended to this letter, is approved. The modified REMS consists of elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS.

The timetable for submission of assessments of the REMS remains the same as that approved on October 18, 2013.

There are no changes to the REMS assessment plan described in our April 7, 2017, 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 204410 REMS 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.

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 204410 REMS ASSESSMENT

or

NEW SUPPLEMENT FOR NDA 204410/S-000 CHANGES BEING EFFECTED IN 30 DAYS PROPOSED MINOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR NDA 204410 PRIOR APPROVAL SUPPLEMENT PROPOSED MAJOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR NDA 204410/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 204410/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 204410

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

FDA can accept the REMS document in Structured Product Labeling (SPL) format. If you intend to submit the 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 SPL format using the FDA automated drug registration and listing system (eLIST).

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

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit the following, in triplicate, (1) a cover letter requesting advisory comments, (2) the proposed materials in draft or mock-up form with annotated references, and (3) the Prescribing Information to:

OPDP Regulatory Project Manager Food and Drug Administration Center for Drug Evaluation and Research Office of Prescription Drug Promotion (OPDP) 5901-B Ammendale Road Beltsville, MD 20705-1266

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft Guidance for Industry (available at:

 $\frac{http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/U}{CM443702.pdf}\).$

You must submit final promotional materials and Prescribing Information, accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at

http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf. Information and Instructions for completing the form can be found at

http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm.

All promotional materials that include representations about your drug product must be promptly revised to be consistent with the labeling changes approved in this supplement, including any new safety information [21 CFR 314.70(a)(4)]. The revisions in your promotional materials should include prominent disclosure of the important new safety information that appears in the revised labeling. Within 7 days of receipt of this letter, submit your statement of intent to comply with 21 CFR 314.70(a)(4) to the address above, by fax to 301-847-8444, or electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft guidance for industry (available at: http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf).

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, call Wayne Amchin, RAC, Regulatory Project Manager, at 301-796-0421.

Sincerely,

{See appended electronic signature page}

Mary Ross Southworth, Pharm.D.
Deputy Director for Safety
Division of Cardiovascular and Renal Products
Office of Drug Evaluation I
Center for Drug Evaluation and Research

ENCLOSURES:

Content of Labeling
Prescribing Information
Medication Guide
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/

WAYNE S AMCHIN 10/16/2018

MARY R SOUTHWORTH 10/16/2018