

NDA 022569/S-031

**CORRECTED SUPPLEMENT APPROVAL**

BTcP Pharma, LLC  
c/o West Therapeutics Development, LLC  
1033 Skokie Boulevard  
Suite 620  
Northbrook, IL 60062

Attention: Mahlaqa Patel  
Vice President, Regulatory Affairs and Quality Assurance

Dear Ms. Patel:

Please refer to your supplemental new drug application (sNDA) dated and received October 7, 2021, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Lazanda (fentanyl) nasal spray.

We also refer to our approval letter dated December 3, 2021, which contained the following error: missing enclosure – REMS materials.

This corrected action letter incorporates the correction of the error. The effective action date will remain December 3, 2021, the date of the original letter.

This “Changes Being Effected” sNDA provides for proposed modification to the approved Transmucosal Immediate-Release Fentanyl (TIRF) Risk Evaluation and Mitigation Strategy (REMS).

We have completed our review of this supplemental application. It is approved, effective on the date of this letter.

**RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS**

The REMS for TIRF products, of which Lazanda is a member, was originally approved on December 28, 2011, and the most recent REMS modification was approved on December 23, 2020. 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 changes in order to narrow the number of annual outpatient pharmacy audits required, not to exceed 400 pharmacies. The REMS Document was updated to reflect that TIRF application holders must annually audit all certified outpatient pharmacies, or a maximum of 400, that have received at least one shipment of a TIRF medicine in the past 12 months.

Your proposed modified REMS, submitted to Drug Master File (DMF) (b) (4) on October 6, 2021, amended and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on December 23, 2020.

There are no changes to the REMS assessment plan described in our December 23, 2020, 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 022569 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 022569 REMS ASSESSMENT**

*or*

**NEW SUPPLEMENT FOR NDA 022569/S-000  
CHANGES BEING EFFECTED IN 30 DAYS  
PROPOSED MINOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 022569/S-000  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED MAJOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 022569/S-000  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABELING  
CHANGES SUBMITTED IN SUPPLEMENT 031**

*or*

**NEW SUPPLEMENT (NEW INDICATION FOR USE)  
FOR NDA 022569/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 022569**

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](mailto:FDAREMSwebsite@fda.hhs.gov).

**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 LCDR Jessica Voqui, PharmD, MS, Associate Director for Postmarket Regulatory Science, at 301-796-2915.

Sincerely,

*{See appended electronic signature page}*

CDR Mark A. Liberatore, PharmD, RAC  
Deputy Director for Safety  
Division of Anesthesiology, Addiction Medicine,  
and Pain Medicine  
Office of Neuroscience  
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/  
-----

MARK A LIBERATORE  
12/10/2021 03:00:11 PM