



NDA 021951/S-021

SUPPLEMENT APPROVAL

Sun Pharmaceutical Industries, Inc.
Attention: Praveen Devakadaksham
Director, US Regulatory & Business Continuity
2 Independence Way
Princeton, NJ 08540

Dear Mr. Devakadaksham:

Please refer to your supplemental new drug application (sNDA) dated and received August 11, 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.

This Changes Being Effected supplemental new drug application provides for proposed modifications to the approved iPLEDGE Risk Evaluation and Mitigation Strategy (REMS).

We have completed our review of this supplemental application, as amended. It is 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) is a member, was originally approved on October 22, 2010, and the most recent REMS modification was approved on October 8, 2021. 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 consists of:

- Changes to the REMS Document to include a requirement for pharmacies and wholesalers to comply with audits. This change is intended to align with the respective enrollment forms.
- Changes to the Non-Compliance Action Policy including updates to add a new noncompliance action for failure to comply with audit requirements for pharmacies and wholesalers

Your proposed modified REMS, submitted to Drug Master File (b) (4) on August 5, 2022, amended and appended to this letter, is approved.

This shared system REMS, known as 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

¹ <https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm>

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 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 REMS ASSESSMENT

or

NEW SUPPLEMENT FOR NDA 021951/S-000

**CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION**

or

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

or

**NEW SUPPLEMENT FOR NDA 021951/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
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

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.

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 Absorica (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 Absorica (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 on an annual basis:

- Annual Periodic Adverse Drug Experience Report

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
10/06/2022 09:15:23 AM