



NDA 020687/S-025

**SUPPLEMENT APPROVAL**

Danco Laboratories, LLC

(b) (4), (b) (6)

P.O. Box 4816  
New York, NY 10185

Dear (b) (4), (b) (6) :

Please refer to your supplemental new drug application (sNDA) dated and received June 22, 2022, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Mifeprex (mifepristone) Tablets, 200 mg.

This Prior Approval sNDA provides for modification to the approved single, shared system (SSS) risk evaluation and mitigation strategy (REMS) for mifepristone 200 mg tablets, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation, as well as corresponding labeling revisions to the prescribing information and the Medication Guide to align with the modification to the Mifepristone REMS Program. This SSS REMS is known as the Mifepristone REMS Program.

**APPROVAL & LABELING**

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

**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 FDA.gov.<sup>1</sup> Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and 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.

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<sup>1</sup> <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

Information on submitting SPL files using eList may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.<sup>2</sup>

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.

### **REQUIRED PEDIATRIC ASSESSMENTS**

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.

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

The Mifepristone REMS Program, of which Mifeprex is a member, was originally approved on April 11, 2019, and the most recent REMS modification was approved on May 14, 2021. The Mifepristone REMS Program consists of elements to assure safe use, an implementation system, and a timetable for submission of assessments of the REMS.

In order to ensure the benefits of Mifeprex outweigh its risks and to minimize burden on the healthcare delivery system of complying with the REMS, we determined that you were required to make the REMS modifications outlined in our REMS Modification

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<sup>2</sup> We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

Notification letter dated December 16, 2021. In addition the following modifications were communicated during the course of the review:

- Revisions to the REMS goal to align with the updated REMS requirements.
- Replacing serial number with recording of NDC and lot number of mifepristone dispensed.
- Additional edits for clarification and consistency in the REMS Document and REMS materials (*Prescriber Agreement Forms, Patient Agreement Form, and Pharmacy Agreement Forms*).

Your proposed modified REMS, received on June 22, 2022, amended and appended to this letter, is approved. The modified REMS consists of the elements to assure safe use, implementation system, and a timetable for submission of assessments of the REMS.

The modification of the approved REMS must be fully implemented within 120 calendar days of this letter.

This shared system REMS, known as the Mifepristone REMS Program, currently includes those products listed on the FDA REMS website<sup>3</sup>.

Other products may be added in the future if additional NDAs or ANDAs are approved.

The timetable for submission of assessments of the REMS must be revised to one year from the date of the approval of the modified SSS REMS (1/3/2023) and annually thereafter.

The revised REMS assessment plan must include, but is not limited to, the following:

### **Program Implementation and Operations**

#### 1. REMS Certification Statistics

##### a. Prescribers

- i. Number of certified prescribers who have certified with the Sponsor's distributor(s) and number who have submitted *Prescriber Agreement Forms* to Certified Pharmacies
- ii. Number and percentage of newly certified prescribers
- iii. Number and percentage of active certified prescribers (i.e., who ordered mifepristone or submitted a prescription during the reporting period)

##### b. Pharmacies

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<sup>3</sup> <https://www.accessdata.fda.gov/scripts/cder/remis/index.cfm>

- i. Number of certified pharmacies
    - ii. Number and percentage of newly certified pharmacies
    - iii. Number and percentage of active certified pharmacies (i.e., that dispensed mifepristone during the reporting period)
  - c. Wholesalers/Distributors
    - i. Number of authorized wholesalers/distributors
    - ii. Number and percentage of newly authorized wholesalers/distributors
    - iii. Number and percentage of active authorized wholesalers/distributors (i.e. that shipped mifepristone during the reporting period)
2. Utilization Data
  - a. Total number of tablets shipped by wholesalers/distributors, stratified by Certified Prescriber or Certified Pharmacy location
  - b. Number of prescriptions dispensed from pharmacies
3. REMS Compliance Data
  - a. Audits: Summary of audit activities for each stakeholder (i.e., certified pharmacies and wholesalers/distributors) including but not limited to:
    - i. A copy of the final audit plan for each stakeholder type (provide for the current reporting period)
    - ii. The number of audits expected, and the number of audits performed
    - iii. The number and type of deficiencies noted
    - iv. For those with deficiencies noted, report the corrective and preventive actions (CAPAs) required, if any, to address the deficiencies, including the status (e.g., completed, not completed, in progress) (provide for the current reporting period)
    - v. For any stakeholders that did not complete the CAPA within the timeframe specified in the audit plan, describe actions taken (provide for the current reporting period)
    - vi. A summary report of all resulting changes to processes and procedures necessary to ensure compliance with the REMS requirements (provide for the current reporting period)
  - b. A summary report of non-compliance, associated corrective action plans (CAPAs), and the status of CAPAs including but not limited to:
    - i. A copy of the final non-compliance plans for Pharmacies and Distributors (provide for the current reporting period)
    - ii. For each instance of noncompliance below (iii-v), report the following information (provide for the current reporting period):
      1. A unique, anonymized ID for the stakeholder(s) associated with the non-compliance event to enable tracking over time
      2. The source of the non-compliance data (e.g., self-reported, audit, other)
      3. A root cause analysis of the non-compliance

4. Actions to prevent future occurrences and outcomes of such actions
- iii. Prescriber compliance
  1. Number and percentage of certified prescribers who became decertified as a result of non-compliance
    - Provide a summary of reasons for decertification (provide for the current reporting period)
  2. Summary and analysis of any program deviations and corrective actions taken (provide for the current reporting period)
- iv. Pharmacy compliance
  1. Number and percentage of prescriptions dispensed that were written by prescriber(s) who did not submit a Prescriber Agreement to the dispensing Certified Pharmacy
  2. Number and percentage of mifepristone tablets dispensed by non-certified pharmacies
  3. Number and percentage of pharmacies that became decertified as a result of non-compliance
    - Provide a summary of reasons for decertification (provide for the current reporting period)
  4. An assessment of prescription delivery timelines, including percentage delivered more than four days after receipt of the prescription, duration and causes for delay. A proposal for this assessment will be submitted within 60 days of the approval of the REMS Modification.
  5. Summary and analysis of any program deviations and corrective actions taken (provide for the current reporting period)
- v. Wholesaler/distributor compliance
  1. Number of healthcare providers who successfully ordered mifepristone who were not certified
  2. Number of non-certified pharmacies that successfully ordered mifepristone
  3. Number of shipments sent to non-certified prescriber receiving locations
  4. Number of shipments sent to non-certified pharmacy receiving locations
  5. Summary and analysis of any program deviations and corrective actions taken (provide for the current reporting period)

### **Overall Assessment of REMS Effectiveness**

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 one or more such goals or such elements should be modified.

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,

**U.S. Food and Drug Administration**  
Silver Spring, MD 20993  
[www.fda.gov](http://www.fda.gov)

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 020687 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 020687 REMS ASSESSMENT**

*or*

**NEW SUPPLEMENT FOR NDA 020687/S-000  
CHANGES BEING EFFECTED IN 30 DAYS  
PROPOSED MINOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 020687/S-000  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED MAJOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 020687/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 020687/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 020687**

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)

**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).

If you have any questions, call  (b) (6)

Sincerely,

*{See appended electronic signature page}*

 (b) (6)

Center for Drug Evaluation and Research

### ENCLOSURE(S):

- Content of Labeling
  - Prescribing Information
  - Medication Guide
  - REMS Document
  - Prescriber Agreement
  - Patient Agreement Form
  - Pharmacy Agreement Form

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**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.**  
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/s/  
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(b) (6)

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