

NDA 217684/S-007

## CORRECTED SUPPLEMENT APPROVAL

Pyros Pharmaceuticals, Incorporated  
Attention: Raenel Gibson, RAC  
Regulatory Affairs Associate Vice President  
2001 Route 46, Suite 310  
Parsippany, NJ 07054

Dear Raenel Gibson:

Please refer to your supplemental new drug application (sNDA) dated and received February 3, 2026, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Vigafyde (vigabatrin) oral solution.

We also refer to our approval letter dated March 18, 2026, which contained the following error: omission of the listed REMS enclosure.

This corrected action letter incorporates the correction of the error. The effective action date will remain March 18, 2026, the date of the original letter.

This Changes Being Effected in 30 Days sNDA provides for proposed modifications to the approved Shared System (SS) REMS for vigabatrin, of which Vigafyde is a member.

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 SS REMS for vigabatrin products, of which Vigafyde is a member, was originally approved on April 27, 2017, and the most recent REMS modification was approved on September 12, 2024. The REMS consists of 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:

- REMS Website: Addition of links to the Spanish-language versions of the Patient Guide and the Patient/Parent/Legal Guardian-Physician Agreement Form

Your proposed modified REMS, submitted to Drug Master File (DMF) 034825 on January 29, 2026, and appended to this letter, is approved.

This shared system REMS, known as the Vigabatrin SS REMS, currently includes products listed on the FDA REMS website.<sup>1</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 remains the same as that approved on October 12, 2022.

There are no changes to the REMS assessment plan described in our November 24, 2025, 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

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

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 217684 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 217684 REMS ASSESSMENT**

*or*

**NEW SUPPLEMENT FOR NDA 217684 / S-000  
CHANGES BEING EFFECTED IN 30 DAYS  
PROPOSED MINOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 217684 / S-000  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED MAJOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 217684 / 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 217684 / 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 217684**

To facilitate review of your submission, we request that you submit your proposed modified REMS and other REMS-related materials in Microsoft Word and PDF format. If certain documents, such as enrollment forms or website screenshots, are only in PDF format, they may be submitted as such, but Word and PDF format are 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](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, contact Josephine Little, Regulatory Project Manager, via email at [Josephine.Little@fda.hhs.gov](mailto:Josephine.Little@fda.hhs.gov).

Sincerely,

*{See appended electronic signature page}*

Alice T.D. Hughes, MD  
Deputy Director for Safety  
Division of Neurology 2  
Office of Neuroscience  
Center for Drug Evaluation and Research

ENCLOSURE:

- REMS

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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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ALICE HUGHES  
03/30/2026 12:02:35 PM