

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

210296Orig1s000

Trade Name: Bafiertam delayed-release capsule, 95 mg

Generic or Proper Name: monomethyl fumarate

Sponsor: Banner Life Sciences, LLC

Approval Date: April 28, 2020

Indication: for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

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APPLICATION NUMBER:

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APPROVAL LETTER

NDA 210296

NDA APPROVAL

Banner Life Sciences, LLC
Attention: Thomas Lategan, PhD
Vice President, Regulatory Affairs
4125 Premier Drive
High Point, NC 27262

Dear Dr. Lategan:

Please refer to your new drug application (NDA) dated and received January 18, 2018, and your amendments, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Bafiertam (monomethyl fumarate) delayed-release capsule, 95 mg.

We acknowledge receipt of your amendment dated January 9, 2020, which constituted a complete response to our November 16, 2018, action letter.

This new drug application provides for the use of Bafiertam (monomethyl fumarate) delayed-release capsules for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

APPROVAL & LABELING

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

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.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Insert) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using

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

eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed container label that is identical to the container label submitted on April 20, 2020, as soon as it is available, but no more than 30 days after it is printed. Please submit this label electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission “**Final Printed Container Label for approved NDA 210296**”. Approval of this submission by FDA is not required before the label is used.

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.

We are waiving the pediatric study requirement for ages birth to 10 years because necessary studies are impossible or highly impracticable. The number of pediatric patients in this age group is small and geographically dispersed.

We are deferring submission of your pediatric studies for ages 10 to 17 years for this application because pediatric studies should be delayed until additional safety or effectiveness data have been collected. Pediatric clinical studies of monomethyl fumarate will begin when a pediatric formulation has been developed and there is sufficient information, including the final results of a juvenile toxicity study in rats, to allow studies to proceed safely.

Your deferred pediatric studies required by section 505B(a) of the FDCA are required postmarketing studies. The status of these postmarketing studies must be reported annually according to 21 CFR 314.81 and section 505B(a)(4)(C) of the FDCA. These required studies are listed below.

3840-1 A juvenile animal toxicology study of monomethyl fumarate in rat.

² 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>.

Draft Protocol Submission:	09/2020
Final Protocol Submission:	11/2020
Study Completion:	08/2021
Final Report Submission:	12/2021

- 3840- 2 A two-part study of Bafiertam (monomethyl fumarate) in pediatric patients with relapsing forms of multiple sclerosis (RMS) at least 10 years and less than 18 years of age. Part A is an open-label study of the safety, tolerability, pharmacokinetics (PK), and pharmacodynamics (PD) of Bafiertam (monomethyl fumarate) in pediatric patients. Part A will include two cohorts, one with body weights less than 40 kg and the other with body weights 40 kg or more. The objective of Part A is to determine titration and maintenance doses of Bafiertam (monomethyl fumarate) that will result in PK and PD effects that are comparable to those of the 8-day titration administered to adult patients. Part B is a randomized, double-blind, parallel-group study to evaluate the efficacy and safety of Bafiertam (monomethyl fumarate) compared to an appropriate comparator.

Draft Protocol Submission:	09/2021
Final Protocol Submission:	04/2022
Interim/Other (complete Part A/start Part B):	04/2023
Study Completion:	10/2032
Final Report Submission:	04/2033

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.³

Submit the protocol(s) to your IND 126454 with a cross-reference letter to this NDA. Reports of these required pediatric postmarketing studies must be submitted as a new drug application (NDA) or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from these studies. When submitting the reports, please clearly mark your submission **"SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS"** in large font, bolded type at the beginning of the cover letter of the submission.

³ See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act* (October 2019).

<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to identify an unexpected serious risk of adverse maternal, fetal, and infant outcomes resulting from the use of Bafiertam (monomethyl fumarate) during pregnancy.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

- 3840-3 Prospective pregnancy exposure registry cohort analyses in the United States that compare the maternal, fetal, and infant outcomes of women with multiple sclerosis exposed to Bafiertam (monomethyl fumarate) during pregnancy with two unexposed control populations: one consisting of women with multiple sclerosis who have not been exposed to Bafiertam (monomethyl fumarate) before or during pregnancy and the other consisting of women without multiple sclerosis. The registry will identify and record pregnancy complications, major and minor congenital malformations, spontaneous abortions, stillbirths, elective terminations, preterm births, small for gestational-age births, and any other adverse outcomes, including postnatal growth and development. Outcomes will be assessed throughout pregnancy. Infant outcomes, including effects on postnatal growth and development, will be assessed through at least the first year of life.

The timetable you submitted on April 10, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	10/2020
Final Protocol Submission:	06/2021
Annual Interim Report Submissions:	06/2022
	06/2023
	06/2024
	06/2025
	06/2026
	06/2027
	06/2028

	06/2029
	06/2030
	06/2031
Study Completion:	06/2032
Final Report Submission:	06/2033

3840-4 A pregnancy outcomes study using a different study design than provided for in PMR 3840-3 (for example, a retrospective cohort study using claims or electronic medical record data with outcome validation or a case-control study) to assess major congenital malformations, spontaneous abortions, stillbirths, preterm births, and small-for-gestational-age births in women exposed to Bafiertam (monomethyl fumarate) during pregnancy compared to an unexposed control population.

The timetable you submitted on April 10, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	10/2020
Final Protocol Submission:	06/2021
Annual Interim Report Submissions:	06/2022
	06/2023
	06/2024
	06/2025
	06/2026
	06/2027
	06/2028
	06/2029
	06/2030
	06/2031
Study Completion:	06/2032
Final Report Submission:	06/2033

Submit clinical protocol(s) to your IND 126454 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).

Submission of the protocol(s) for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312 or FDA's regulations under 21 CFR parts 50 (Protection of Human Subjects) and 56 (Institutional Review Boards).

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the Prescribing Information, Medication Guide, and Patient Package Insert (as applicable) to:

OPDP Regulatory Project Manager
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
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 *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs*.⁴

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication,

⁴ When final, this guidance will represent the FDA's current thinking on this topic. For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.⁵ Information and Instructions for completing the form can be found at FDA.gov.⁶ For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see FDA.gov.⁷

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, please call Sandra Folkendt, Regulatory Health Project Manager, at (240) 402-2804.

Sincerely,

{See appended electronic signature page}

Nick Kozauer, MD

Acting Director

Division of Neurology 2

Office of Neuroscience

Center for Drug Evaluation and Research

ENCLOSURE(S):

- Content of Labeling
 - o Prescribing Information
 - o Patient Package Insert

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

⁷ <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>

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/

NICHOLAS A KOZAUER
04/28/2020 02:11:00 PM