



NDA 21880/S-045

**SUPPLEMENT APPROVAL**

Celgene Corporation  
Attention: Marion Ceruzzi, PhD  
Senior Director, Regulatory Affairs  
400 Connell Drive, Suite 7000  
Berkeley Heights, NJ 07922

Dear Dr. Ceruzzi:

Please refer to your Supplemental New Drug Application (sNDA) dated September 1, 2015, received September 1, 2015, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Revlimid<sup>®</sup> (lenalidomide) Capsules, 2.5, 5, 10, 15, 20 and 25 mg.

This “Changes Being Effected” supplemental new drug application provides for a modification to the approved Revlimid (lenalidomide) risk evaluation and mitigation strategy (REMS).

**APPROVAL & LABELING**

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

**REQUIRED PEDIATRIC ASSESSMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, 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(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because none of these criteria applies to your application, you are exempt from this requirement.

**RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS**

The REMS for Revlimid<sup>®</sup> (lenalidomide) Capsules was originally approved on August 3, 2010, and the most recent modification was approved on September 13, 2015. The REMS consists of elements to assure safe use (ETASU), an implementation system, and a timetable for submission of assessments of the REMS. Your proposed modification to the REMS consists of removal of the ICD-10 code from the Patient Prescription Forms (General Patient Prescription Form and Veterans Administration Patient Prescription Form).

Your proposed modified REMS, submitted on September 1, 2015, and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on September 13, 2015.

There are no changes to the REMS assessment plan described in our September 13, 2015, 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 21880 REMS CORRESPONDENCE  
(insert concise description of content in bold capital letters, e.g.,  
UPDATE TO REMS SUPPORTING DOCUMENT - ASSESSMENT  
METHODOLOGY)**

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 21880 REMS ASSESSMENT**

**NEW SUPPLEMENT FOR NDA 21880/S-000  
CHANGES BEING EFFECTED IN 30 DAYS  
PROPOSED MINOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 21880/S-000  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED MAJOR REMS MODIFICATION**

*or*

**NEW SUPPLEMENT FOR NDA 21880/S-000  
PRIOR APPROVAL SUPPLEMENT  
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABEL CHANGES  
SUBMITTED IN SUPPLEMENT XXX**

*or*

**NEW SUPPLEMENT (NEW INDICATION FOR USE)**

**FOR NDA 21880/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 21880**

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, are only in PDF format, they may be submitted as such, but the preference is to include as many as possible in Word format.

If you do not submit electronically, please send 5 copies of REMS-related submissions.

**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 Ms. Diane Leaman, Safety Regulatory Project Manager, at (301) 796-1424.

Sincerely,

*{See appended electronic signature page}*

Ann Farrell, MD  
Director  
Division of Hematology Products  
Office Hematology Oncology Products  
Center for Drug Evaluation and Research

ENCLOSURE:  
REMS

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**This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.**  
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/s/  
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DIANE V LEAMAN  
10/27/2015  
for Ann Farrell, MD