DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
Silver Spring MD 20993

NDA 203858/S-018

SUPPLEMENT APPROVAL

Aegerion Pharmaceuticals
Attention: Cathy L. Walker
Associate Director, Regulatory Affairs
One Main Street, Suite 800
Cambridge, MA 02142

Dear Ms. Walker:

Please refer to your supplemental New Drug Application (sNDA) dated and received April 5, 2018, and your amendment, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for JUXTAPID (lomitapide) capsules.

This "Changes Being Effected" sNDA provides for proposed modifications to the approved JUXTAPID (lomitapide) 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 REMS for JUXTAPID (lomitapide) was originally approved on December 21, 2012, and the most recent REMS modification was approved on January 3, 2017. The 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 consist of removal of the option of emailing completed Patient-Prescriber Authorization Forms (PPAFs) for protection of patient information, requiring patients reaching age 18 to sign a PPAF (previously signed by a parent), adding language on the website to clarify the order of actions for prescriber participation in the REMS, establishing an all-electronic process for submission of the certificate of completion of training and knowledge assessment, streamlining of the process for completion of the prescriber enrollment form (use of auto-completion of the form using prescriber information already submitted), addition of text to the REMS website requesting pharmacies to contact Aegerion before attempting to certify, updating of font colors on REMS forms to enhance readability, and addition of clarifying language on the Prescription Authorization Form (PAF) regarding how to submit a prescription.

In accordance with section 505-1 of the FDCA, we have determined that the REMS modifications are necessary to minimize burden on the healthcare delivery system of complying with the REMS.

Your proposed modified REMS, submitted on April 5, 2018, amended and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on December 21, 2012.

There are no changes to the REMS assessment plan described in our January 3, 2017, 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 203858 REMS 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 203858 REMS ASSESSMENT

or

NEW SUPPLEMENT FOR NDA 203858
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR NDA 203858
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION

or

NEW SUPPLEMENT FOR NDA 203858
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABEL CHANGES SUBMITTED IN SUPPLEMENT XXX

or

NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR NDA 203858
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 203858

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 REMS_Website@fda.hhs.gov.

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 Kati Johnson, Senior Regulatory Project Manager, at (301) 796-1234.

Sincerely,

{See appended electronic signature page}

Jennifer Rodriguez Pippins, M.D. M.P.H.
Deputy Director for Safety
Division of Metabolism and Endocrinology Products
Office of Drug Evaluation II
Center for Drug Evaluation and Research

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/s/

JENNIFER R PIPPINS
06/04/2018