CDER SBIA Webinar Series

U.S. FOOD & DRUG ADMINISTRATION

Postmarketing Drug Safety and Inspection Readiness

June 19, 2018
Center for Drug Evaluation and Research (CDER)
Small Business and Industry Assistance (SBIA) Webinar

United States Food and Drug Administration (FDA)
CDER / Office of Compliance
Office of Scientific Investigations (OSI)
Division of Enforcement and Postmarketing Safety (DEPS)
Postmarket Safety Branch (PSB)

This one file contains all the slides used in the MORNING sessions for the webinar.

Agenda

Session 1:

Postmarketing Adverse Drug Experience (PADE) Inspections

Session 2:

Risk Evaluation and Mitigation Strategies (REMS) Inspections

Session 3:

Inspection Readiness

U.S. FOOD & DRUG ADMINISTRATION

Session 1:
PADE Inspections

Outline

- Objectives
- PADE Laws and Regulations
- Written Procedures
- Business Relationships and Agreements
- Electronic Reporting

Objectives

1. Gain an understanding of PADE laws and regulations for products regulated by CDER
   - New Drug Applications (NDA) products
   - Abbreviated New Drug Applications (ANDA) products
   - Biologic License Applications (BLA) products
   - Unapproved, prescription products
   - Unapproved, non-prescription products (e.g. over-the-counter (OTC) monograph products)
2. Recognize best practices for a PADE program

PADE Inspections: Overview of Laws and Regulations

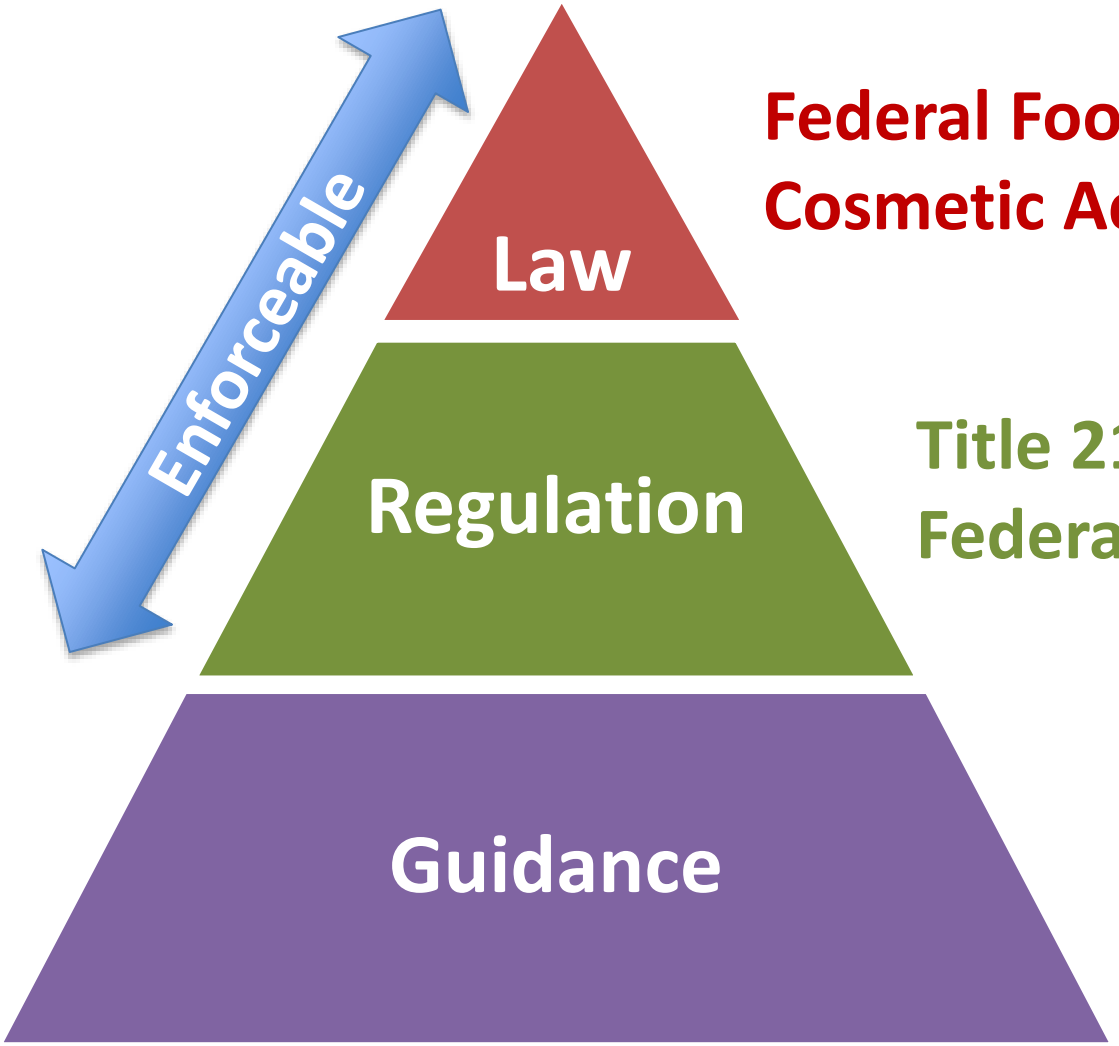
Kelley Simms, PharmD, MS

Commander, US Public Health Service

Consumer Safety Officer

PADE Compliance Team

PADE Legal Framework



Federal Food, Drug, and Cosmetic Act (FDCA)

Title 21 of the Code of Federal Regulations (CFR)

FDA's current thinking

PADE Statutory Provisions / Regulations: Prescription Drug Products for Human Use

FDCA, Subchapter V, Part A, Section 505 (21 USC §355)	New drugs
21 CFR 310.305	New drugs: Records and reports concerning ADEs on marketed prescription drugs for human use without approved new drug applications
21 CFR 314.80	New drug applications: Postmarketing reporting of ADEs
21 CFR 314.81(b)(2)	New drug applications: Annual reports
21 CFR 314.90	New drug applications: Waivers
21 CFR 314.98	Abbreviated applications: Postmarketing reports
21 CFR 314.540	Accelerated approval of new drugs for serious of life-threatening illnesses: Postmarketing safety reporting
21 CFR 314.630	Approval of new drugs when human efficacy studies are not ethical or feasible: Postmarketing safety reporting
21 CFR Part 4, Subpart B	Postmarketing safety reporting for combination products

PADE Statutory Provisions / Regulations: Licensed Biological Products for Human Use

PHS Act, Subchapter II, Part F, Subpart 1 (21 USC §262)	Regulation of biological products
21 CFR 600.80	Biological products: Postmarketing reporting of adverse experiences
21 CFR 601.28	Biologics licensing: Annual reports of postmarketing pediatric studies
21 CFR 601.44	Accelerated approval of biological products for serious of life-threatening illnesses: Postmarketing safety reporting
21 CFR 601.70	Postmarketing studies: Annual progress reports of postmarketing studies
21 CFR 601.93	Approval of biological products when human efficacy studies are not ethical or feasible: Postmarketing safety reporting
21 CFR Part 4, Subpart B	Postmarketing safety reporting for combination products

PADE Statutory Provisions / Regulations: Unapproved, Non-prescription Products (e.g. OTC monograph)

FDCA, Subchapter VII, Part H, Section 760 (21 USC §379aa)	Serious adverse event reporting for nonprescription drugs
21 CFR 329.100	Postmarketing reporting of ADEs under section 760 of the FDCA
21 CFR Part 4, Subpart B	Postmarketing safety reporting for combination products

PADE Inspections: Written Procedures

Diane Bruce, PharmD

Namita Kothary, PharmD, RAC (US)

Consumer Safety Officers

PADE Compliance Team

Written Procedures

- Required in PADE Regulations
  - 21 CFR 310.305: Unapproved prescription products
  - 21 CFR 314.80: Approved application drug products
  - 21 CFR 600.80: Approved application or licensed biologic products

- Not required for unapproved, non-prescription (OTC monograph) products covered under FD&C Act (Section 760)

Approval vs. Marketing

Once a drug is approved, applicant holders MUST receive, evaluate, and report all adverse drug experiences (ADEs) to FDA, even if the drug is not marketed.

Written Procedures Must Address…

Surveillance	Receipt	Evaluation	Reporting

• Account for all sources
• Spontaneous
• Solicited
• Internet sources (firm-sponsored)
• Literature
 	
…and more!
	• ADE info
	  • Initial
	  • Follow-up
	
	• Receipt from ***any*** source
		• Seriousness
		• Expectedness
		• Relatedness
		
		• ADEs from ***any*** source
		
		• Follow-up procedures
			• 15-day Alert Reports
			• Non-expedited individual case safety reports (ICSRs)
			• Aggregate Reports
			• All info must be submitted electronically

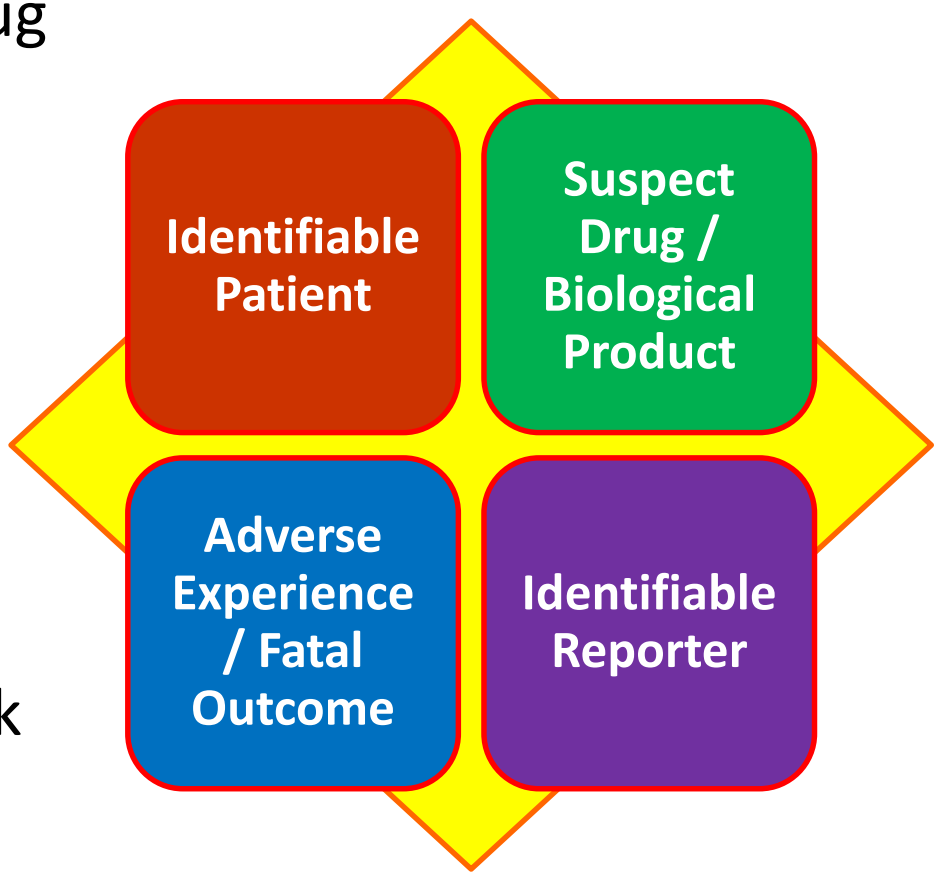
Surveillance

What is an ADE?

Any adverse event associated with the use of a drug in humans, whether or not considered drug related, including:

- Use in professional practice
- Overdose (intentional and accidental)
- Abuse
- Withdrawal
- Failure of expected pharmacological action (lack of effect)

Data Elements for Reportable ADEs



Spontaneous ADEs: Examples of Sources

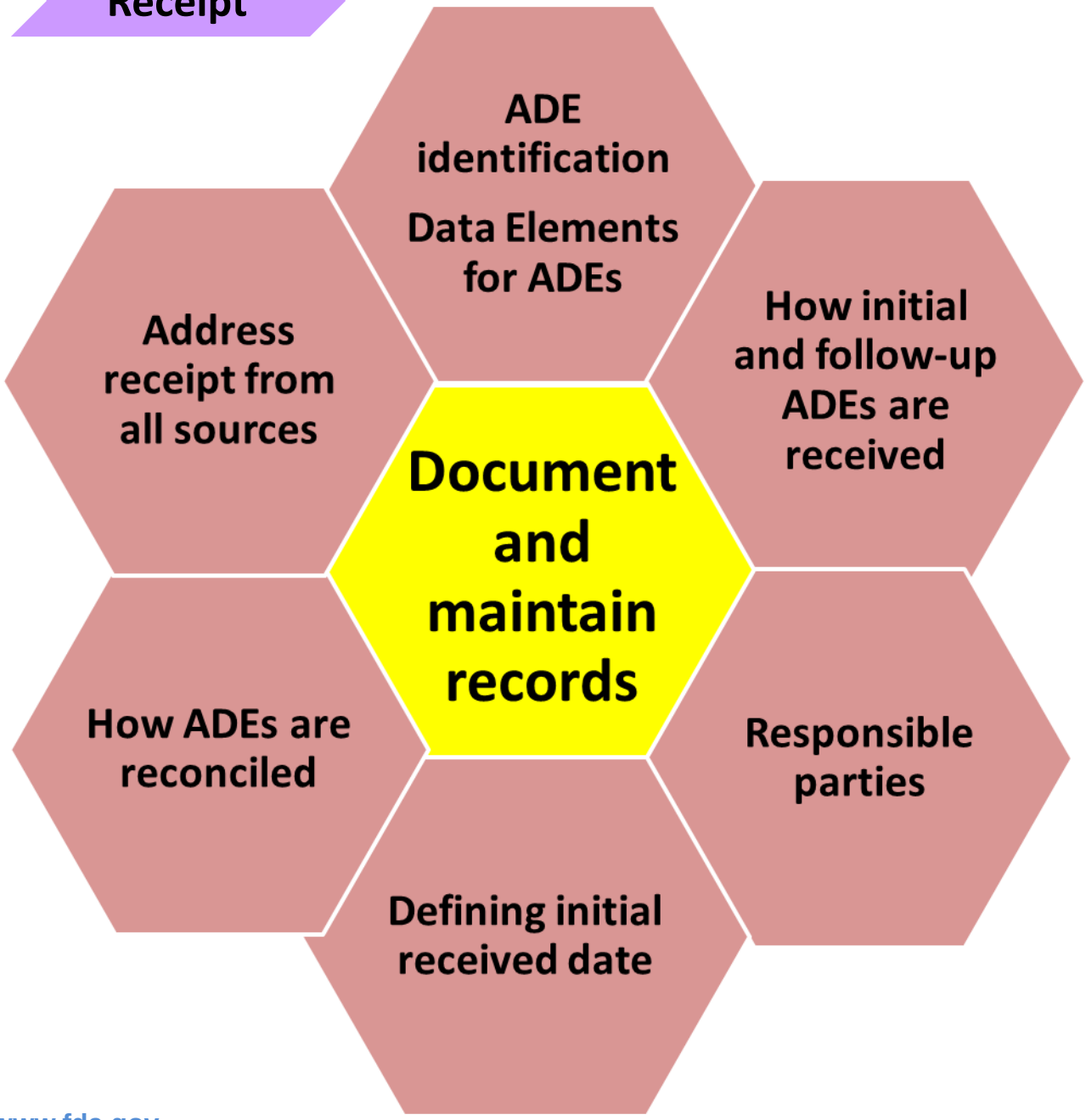
… and many more!

Solicited ADE: Examples of Sources

Systematic collection of data involving solicitation of ADE information

Receipt

Receipt of ADE information



Evaluation

Evaluating ADEs

Seriousness	**Serious if ≥1 of the following outcomes:**
	Death Life-threatening Hospitalization Persistent or significant disability Congenital anomaly / birth defect Other serious / important medical event
Expectedness	**Unexpected if one of the following:**
	Not listed in current labeling Greater severity or specificity than ADE listed in label
Relatedness	**Impacts reporting of solicited ADEs**
	Related if there is a reasonable possibility that the drug caused ADE

Determine Reportability

Expedited (15-day Alert Reports)

NDA, ANDA, BLA, and unapproved prescription drugs: Submit within 15 calendar days of information receipt

- Spontaneous: serious, unexpected ADEs
- Solicited: serious, unexpected, possibly related ADEs

OTC Monograph products: Submit serious, domestic ADEs within 15 business days of information receipt

Non-expedited (Periodic ICSRs)

NDA, ANDA, BLA: Submit with periodic safety report

- Spontaneous: serious, expected ADEs
- Spontaneous: non-serious ADEs
- Not applicable for literature, study, or foreign ADEs

Not applicable for unapproved prescription and OTC monograph products

Review and Investigate ADEs

- Promptly review ADE information
- Determine if follow-up is needed, especially if missing data elements
  - Must investigate 15-day Alert Report ADEs
  - Maintain records of follow-up attempts
- Evaluate information for reportability

Reporting

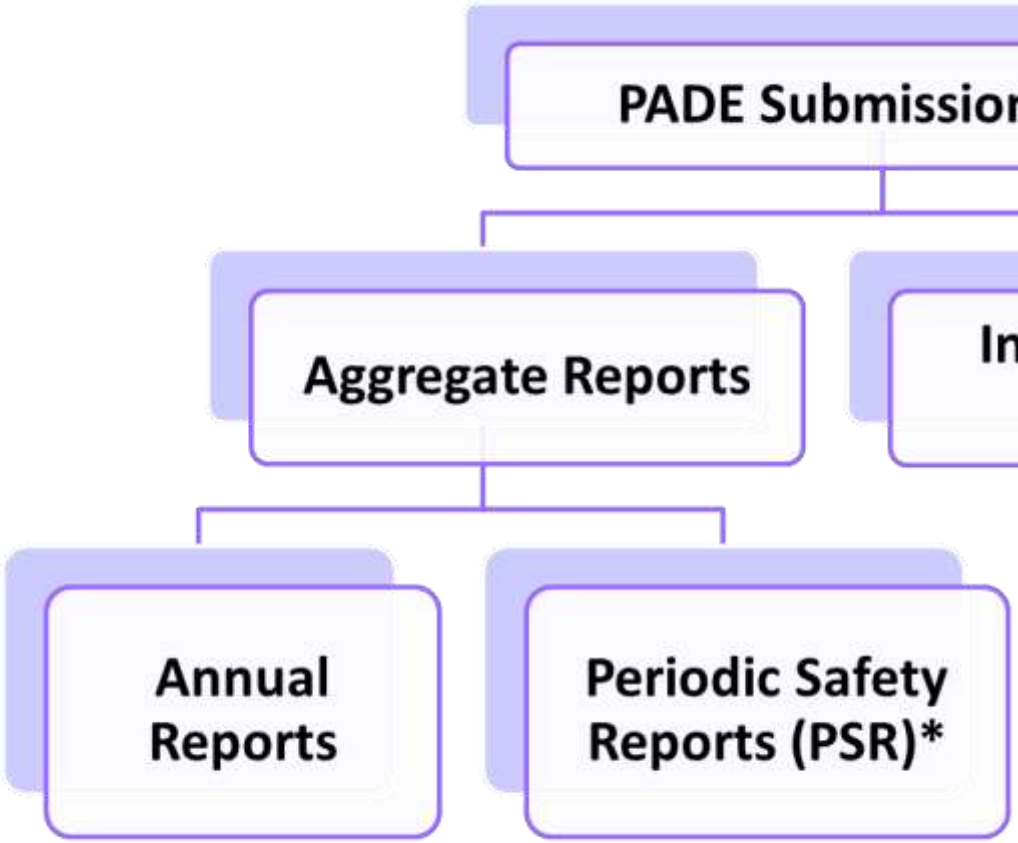
Who is responsible for PADE reporting?

- Application holders for approved products
  - NDA
  - ANDA (“generics”)
  - BLA (including biosimilars)

- Non-application holders (manufacturers, packers, and distributors) named on the label of:
  - Approved products
  - Unapproved products (prescription and OTC monographs)

- Non-applicants must report serious ADEs to applicant within 5-days or submit 15-day alerts directly to FDA

Reporting to FDA



Submissions must be in an approved electronic format

*Periodic Safety Reports: includes Periodic Adverse Drug Experience Report (PADER) and Periodic Benefit-Risk Evaluation Report (PBRER) formats

Submitting ICSRs

- Must submit electronically via Electronic Submission Gateway (ESG) or Safety Reporting Portal (SRP)
- Reportable when 4 basic data elements are known

	Expedited ICSRs	Periodic ICSRs	Follow-up ICSRs *(submit separately from initial ICSR)*
NDA, ANDA, BLA	Submit within 15 calendar days	Submit with PSR	Expedited ICSRs: Submit within 15 calendar days Non-expedited: Submit with next PSR
Unapproved prescription products	Submit within 15 calendar days	Not-applicable	Expedited ICSRs: Submit within 15 calendar days
OTC monograph products	Submit within 15 business days	Not-applicable	Submit information received within one year of the initial report within 15 business days

Aggregate Safety Reports

- Applies to approved NDAs, ANDAs, and BLAs
- Must submit electronically to eCTD
  - ICSRs must be submitted via ESG or SRP

	Post approval	Time period	Submission due
Annual Report	All years	Annually	within 60 days of US approval date
PADER*	First 3 years	Quarterly	within 30 days of close of quarter
	>3 years	Annually	within 60 days of US approval date

**Firm may apply for waivers for PADER requirements (e.g., use of International Birth Date, PBRER format)*

Waivers

- Firms may request waivers for certain PADE requirements
- Waivers stay with the application, even if the application transfers firms
- Examples of PADE waivers
  - Submit PBRER instead of PADER
  - To not submit non-serious, expected ADEs
  - High volume of ADEs associated with legal cases
  - Submit periodic reports on a date other than the US approval date (e.g. international birth date)
  - Paper submissions

U.S. FOOD & DRUG ADMINISTRATION

PADE Inspections: Business Relationships and Agreements

Richard Abate, RPh, MS

Team Lead

PADE Compliance Team

Using Contractors for Pharmacovigilance Activities

Oversight of PV contractors

- Any PADE activities can be outsourced to a third party (e.g. vendor, contractor, consultant, or other pharmacovigilance provider)

- However, the applicant or non-applicant named on the label remains responsible for compliance

Business Partners – A Source of Safety Data

Business Partners

- Joint development & marketing of drugs
- Contract manufacturers
- Drug safety data generated needs to be collected and exchanged between partnering firms (any source of ADEs)
- Laws and regulations govern the exchange, review, & reporting of safety data
  - 21 CFR 314.80(c)(1)(iii)
  - 21 CFR 310.305(c)(3)
  - 21 CFR 600.80(c)(1)(iii)
  - FDCA, Subchapter VII, Sec 760

Business Partners as a Source of ADE Data

- Business partners are potential “sources” of ADE data
  - Firms must establish written procedures (agreements) regarding any business partner that might get safety data

- Written agreements with business partners
  - Safety Data Exchange Agreements or SDEAs
  - Pharmacovigilance (PV) Agreements
  - Contracts / Work orders

Written Agreements with Business Partners

There is no "one size fits all"

Written Agreements with Business Partners should explain:

1. **What data get exchanged?**

   - ✓ *Serious ADEs or all ADEs [21 CFR 314.80(c)(1)(iii)]*
   - ✓ *Ensures ADEs sent to a business partner are actually received (and vice versa)*

There is no "one size fits all"

2. **When does the exchange take place?**

   - ✓ *Timelines for non-applicants sending serious ADEs to applicants is no more than 5 calendar* days [21 CFR 314.80 (c)(1)(iii)]

   - ✓ *Do exchange timelines facilitate compliance with reporting requirements*

3. **What provisions ensure that terms of the agreement are met?**

   - ✓ *Reconciliation of data, meetings, or audits of business partners*

There is no "one size fits all"

4. **Who prepares aggregate reports (PADERs/PBRERs) for FDA?**

   - ✓ *When activity for safety reports is contracted to affiliates, the applicant holder remains responsible for compliance*

5. **How are ICSRs and aggregate reports submitted to FDA?**

   - ✓ *Who is responsible*
   - ✓ *Timelines, method and format for submission, submission confirmations*

Electronic Reporting of Individual Case Safety Reports

Suranjan De, Deputy Director
Regulatory Science Staff
Office of Surveillance and Epidemiology, CDER

Objective

- Understand electronic reporting of Individual Case Safety Report (ICSR)

Outline

- Introduction to FAERS
- Why an electronic ICSR submission requirement
- Submission Methods
- Submission of Periodic Safety Reports
- Future state of electronic submission
- References

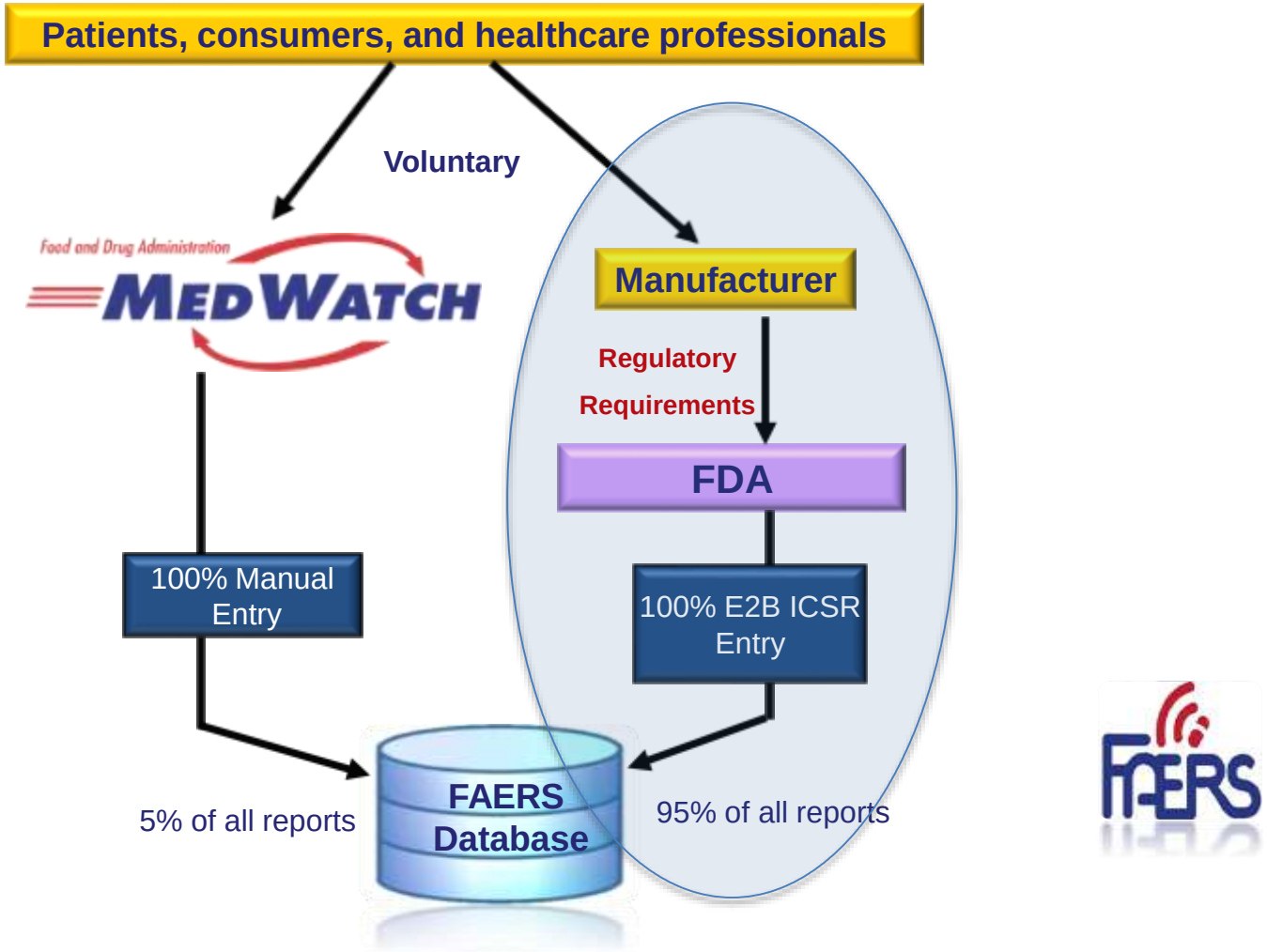
Electronic Reporting of ICSRs

FDA Adverse Event Reporting System (FAERS)

- FDA's postmarketing safety surveillance database for drugs and therapeutic biologics
- FDA uses FAERS data to monitor, identify and analyze adverse event and medication errors
- FDA staff in CDER and CBER regularly examine the FAERS database as part of routine safety monitoring
- When a safety signal is identified from FAERS data, it is further evaluated

Electronic Reporting of ICSR

How post-marketing adverse event reports get to FDA



Electronic Reporting of ICSR

What Reports are in the FAERS Database?

For

Drugs and therapeutic biologics (Rx + OTC) - **CDER**

Tissue products, therapeutic blood products - **CBER**

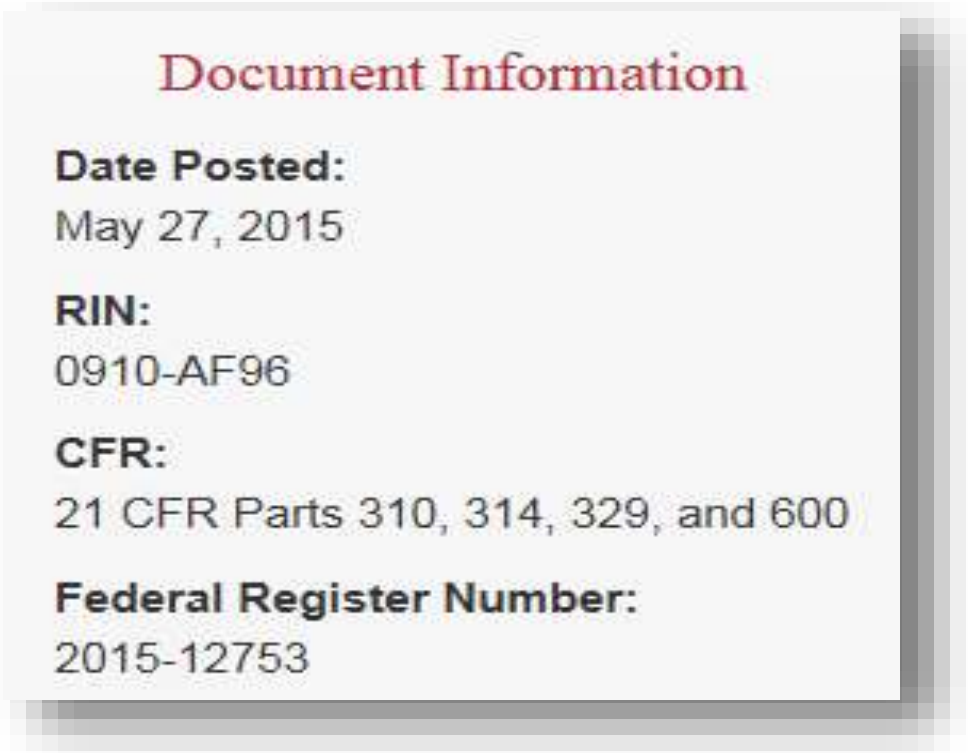
Electronic Reporting of ICSRs

Postmarketing Safety Reports for Human Drug and Biological Products; Electronic Submission Requirements

- **Submit safety reports in an electronic format** that FDA can process, review, and archive
- **Improve** the Agency's systems for **collecting and analyzing** postmarketing safety reports
- **Enable** Agency to **more rapidly review** postmarketing safety reports, **identify and evaluate** emerging safety problems, and **disseminate** safety information in support of FDA's public health mission
- Electronic submission of ICSRs **enhances** global pharmacovigilance by **facilitating electronic transmission and exchange of appropriate information** from ICSRs among regulatory bodies and regulated entities through use of **common data elements and transmission standards**

Electronic Reporting of ICSRs

Postmarketing Safety Reports for Human Drug and Biological Products; Electronic Submission Requirements



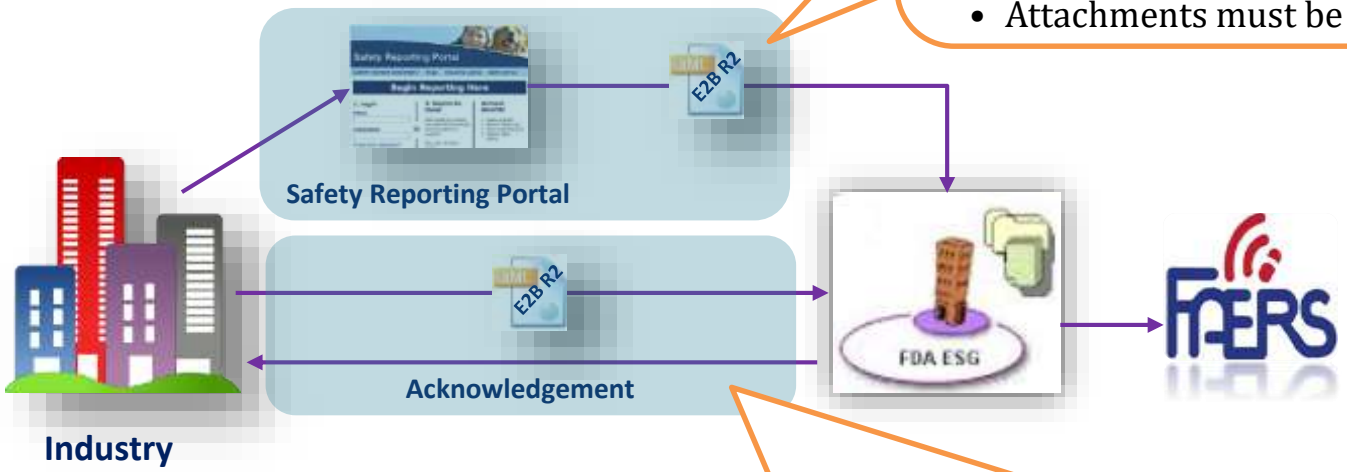
https://www.regulations.gov/#!documentDetail;D=FDA-2008-N-0334-0009

Electronic Reporting of ICSRs

Submission Methods

- There are two options for submitting ICSRs electronically

- **The Safety Reporting Portal (SRP) by manually entering data via web form**
  - Do not have database-to-database capability
  - Must have an account to access the portal site
  - Gateway partners cannot use the SRP
  - Attachments must be in the PDF format

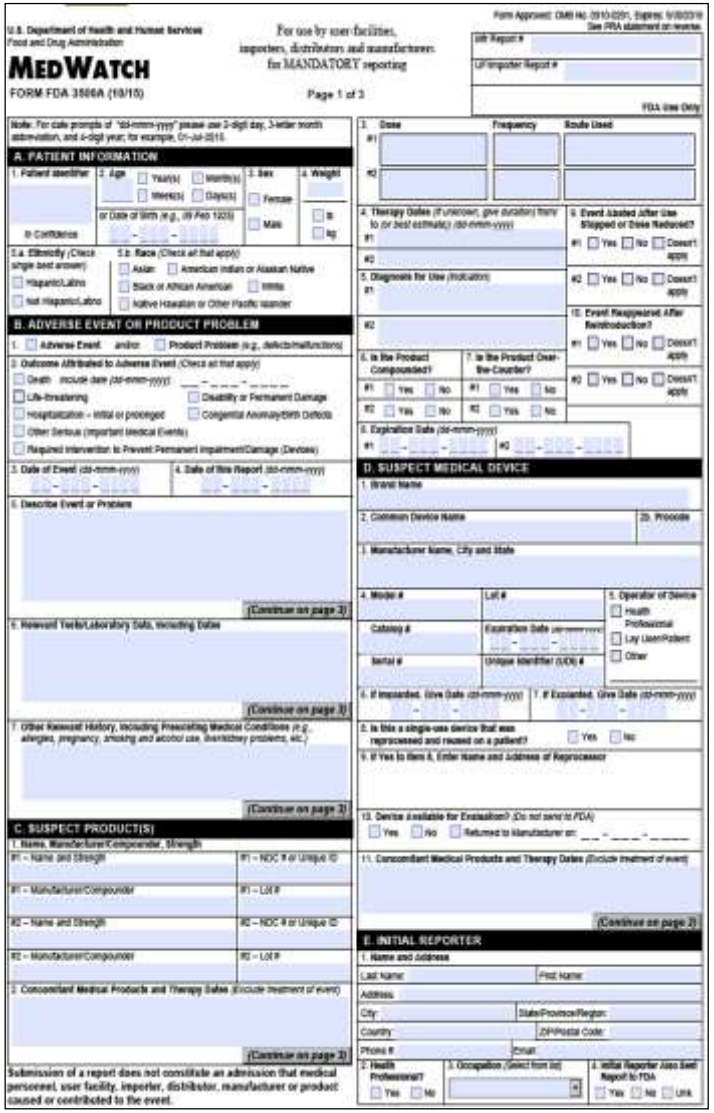


- **Database-to-database transmission ("E2B")**
  - Use standardized ICH E2B(M) data elements
  - ICSRs must be submitted in the XML format
  - Attachments must be in the PDF format

Safety Reporting Portal (SRP)

Safety Reporting Portal (SRP)

SRP is based on the data elements from the MedWatch 3500A



MEDWATCH

FORM FDA 3500A (10/15)

Page 1 of 3

For use by user facilities, importers, distributors and manufacturers for MANDATORY reporting

A. PATIENT INFORMATION

B. ADVERSE EVENT OR PRODUCT PROBLEM

C. SUSPECT PRODUCT(S)

D. SUSPECT MEDICAL DEVICE

E. INITIAL REPORTER

Electronic Reporting of ICSRs

Submitting Periodic Safety Reports (PSR)

Periodic safety reports are comprised of a **descriptive portion** and **non-expedited ICSRs** (21 CFR 314.80 and 600.80), regardless of the format.

- **Descriptive Portion:**
  - Use **Electronic Common Technical Document (eCTD)** specifications to submit the descriptive portion electronically.
  - **Indicate** in the descriptive portion that the **ICSRs have been submitted electronically** as XML files to the FDA Electronic Submissions Gateway (ESG) or via the Safety Reporting Portal (SRP).
- **Non-expedited ICSRs:** must be submitted as described in the options **on or before** the periodic safety report due date. Do NOT submit expedited ICSRs previously submitted.

Electronic Reporting of ICSRs

Future state of electronic submission

- "FDA Regional Implementation Specifications for ICH E2B(R3) Implementation: Postmarket Submission of Individual Case Safety Reports (ICSRs) for Drugs and Biologics, Excluding Vaccines" posted on June 23, 2016
- Follow core ICH E2B R3 with a few regional requirements
- Regional Elements
  - Ethnicity
  - Race
  - Drug descriptor
    - Combination
    - Compounding

Challenge Question #1

1. Methods to submit ICSR.

a. Database-to-database
b. Safety Reporting Portal
c. Paper MedWatch
d. a and b

Answer: D

Challenge Question #2

True or False?

Periodic report are comprised of two parts:
the Descriptive portion and the
Non-expedited ICSRS

Answer: True

Electronic Reporting of ICSRs

References

- FDA Adverse Event Reporting System (FAERS) - Electronic Submission
  http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115894.htm

- FDA issues final rule on postmarketing safety report in electronic format
  http://www.regulations.gov/#!documentDetail;D=FDA-2008-N-0334-0009

- Specifications for Preparing and Submitting Electronic ICSRs and ICSR Attachments
  https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/UCM601820.pdf
- Steps to Submitting E2B(R2) ICSRs Electronically in the XML Format
  http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucm115914.htm

- Electronic Common technical Document (eCTD)
  http://www.fda.gov/Drugs/DevelopmentApprovalProcess/FormsSubmissionRequirements/ElectronicSubmissions/ucm153574.htm

Questions for the Panel

Click for resources:

- Guidance for Industry: Compliance Policy for Combination Product Postmarketing Safety Reporting
- Guidance for Industry: Providing Regulatory Submissions In Electronic Format - Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications
- Guidance for Industry: Postmarketing Adverse Event Reporting for Nonprescription Human Drug Products Marketed Without An Approved Application

Open Q&A begins shortly – type in your questions now.

Please send any questions we do not have time for to:
CDERSBIA@fda.hhs.gov

Learn about other resources from CDER Small Business & Industry Assistance:
Visit Our Website!

Morning Break

U.S. FOOD & DRUG ADMINISTRATION

Session 2:
REMS Inspections

Risk Evaluation and Mitigation Strategy (REMS) Inspections

Peter Diak, PharmD, MPH
Captain, US Public Health Service
Team Leader, REMS Compliance Team

Haley Seymour, MS
Reviewer, REMS Compliance Team

Objectives

- Provide an overview of the REMS program to help Applicants prepare for BIMO REMS Inspections

- Provide best practices to address inspection findings

Agenda

- Overview of REMS Elements
- Shared System REMS
- The REMS Inspection Process

- Best Practices to Address Inspection Findings
- REMS Specific Issues
- Preparing for REMS Inspections

What is a REMS?

- **R**isk **E**valuation and **M**itigation **S**trategy

- A required risk management plan that uses risk minimization strategies beyond professional labeling to ensure that the benefits of the drug outweigh the risks

REMS

- FDAAA, Title IX, Subtitle A, section 901, created new section 505-1 of the Act authorizing FDA to require REMS
- Drug and biologic applicant holders develop REMS programs, FDA reviews and approves them
- REMS programs can be used for a single drug or a class of drugs
- Each REMS has specific safety measures unique to the safety risks associated with a particular drug or class of drugs

REMS Are Enforceable

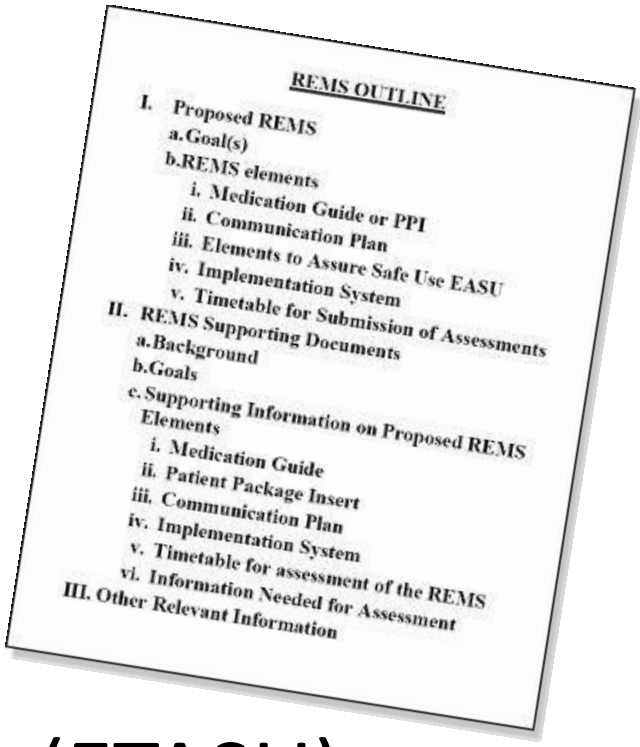
- REMS must be fully operational before drug introduced into interstate commerce
- Drug may be found to be misbranded (502(y))
- FDA can impose civil monetary penalties for violations of the FD&C Act - 303(f)(4)

Risks REMS Aim to Mitigate

Example of Risk	Potential REMS action to Mitigate Risk
Serious Infection	Patient education of warning signs of infection prior to prescribing drug
Severe allergic reaction	Healthcare professional must be certified to administer the drug
Liver damage	Monitor liver function while the patient is using the drug
Severe birth defects	Negative pregnancy test prior to dispensing the drug

A REMS may include:

- Medication Guide (MG)
- Communication Plan (CP)
- Elements to Assure Safe Use (ETASU)
- Implementation System

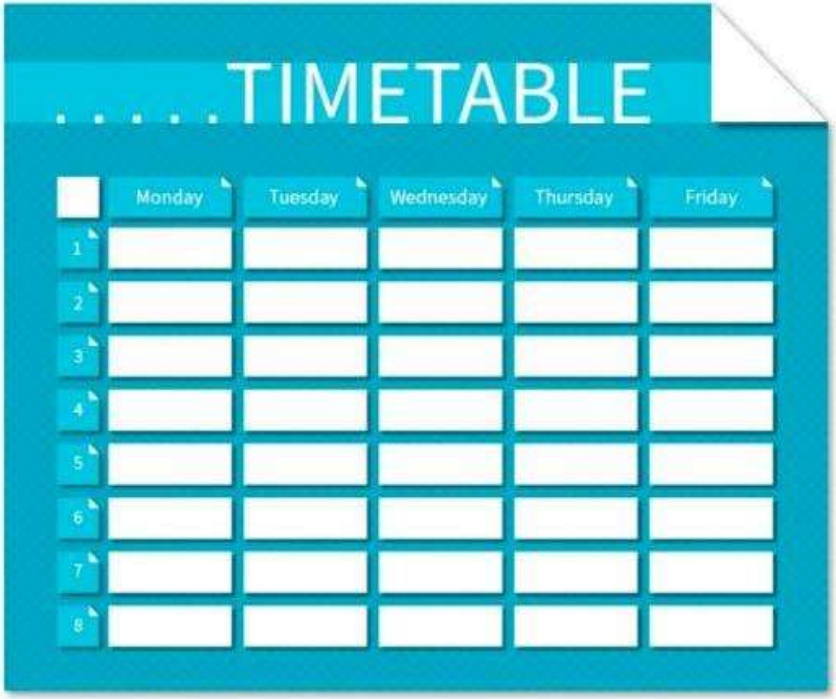


REMS OUTLINE

I. Proposed REMS
   a. Goal(s)
   b. REMS elements
      i. Medication Guide or PPI
      ii. Communication Plan
      iii. Elements to Assure Safe Use EASU
      iv. Implementation System
      v. Timetable for Submission of Assessments
II. REMS Supporting Documents
   a. Background
   b. Goals
   c. Supporting Information on Proposed REMS Elements
      i. Medication Guide
      ii. Patient Package Insert
      iii. Communication Plan
      iv. Implementation System
      v. Timetable for assessment of the REMS
      vi. Information Needed for Assessment
III. Other Relevant Information

A REMS must include:

- Timetable for submission of assessments



Shared System REMS

- Developed for a single drug or biologic product or a class of drug or biologic products
- Includes NDAs and ANDAs
- Single REMS document, REMS materials (except MGs), and supporting documents applicable to all drugs
- Shared database and infrastructure

Shared System REMS

Examples of Shared System REMS:

- Isotretinoin – iPLEDGE Program
- Extended-Release and Long-Acting (ER/LA) Opioid Analgesics
- Buprenorphine Transmucosal Products for Opioid Dependence (BTOD)

FDA Use of REMS Information

Analyze REMS information to protect and promote public health

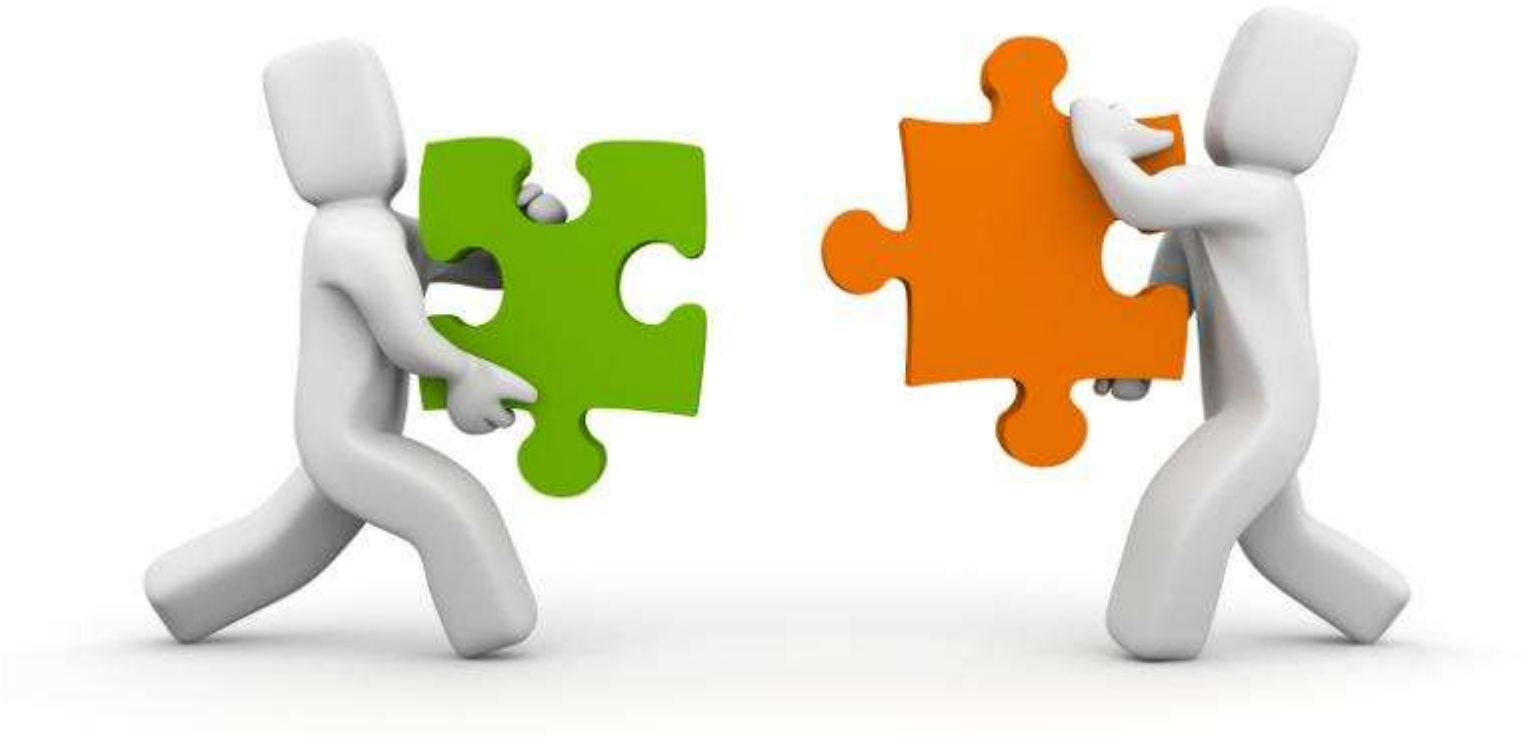
Identify potential REMS compliance concerns

Monitor industry compliance and conduct risk assessments
(evaluate REMS submissions and potential REMS compliance concerns)

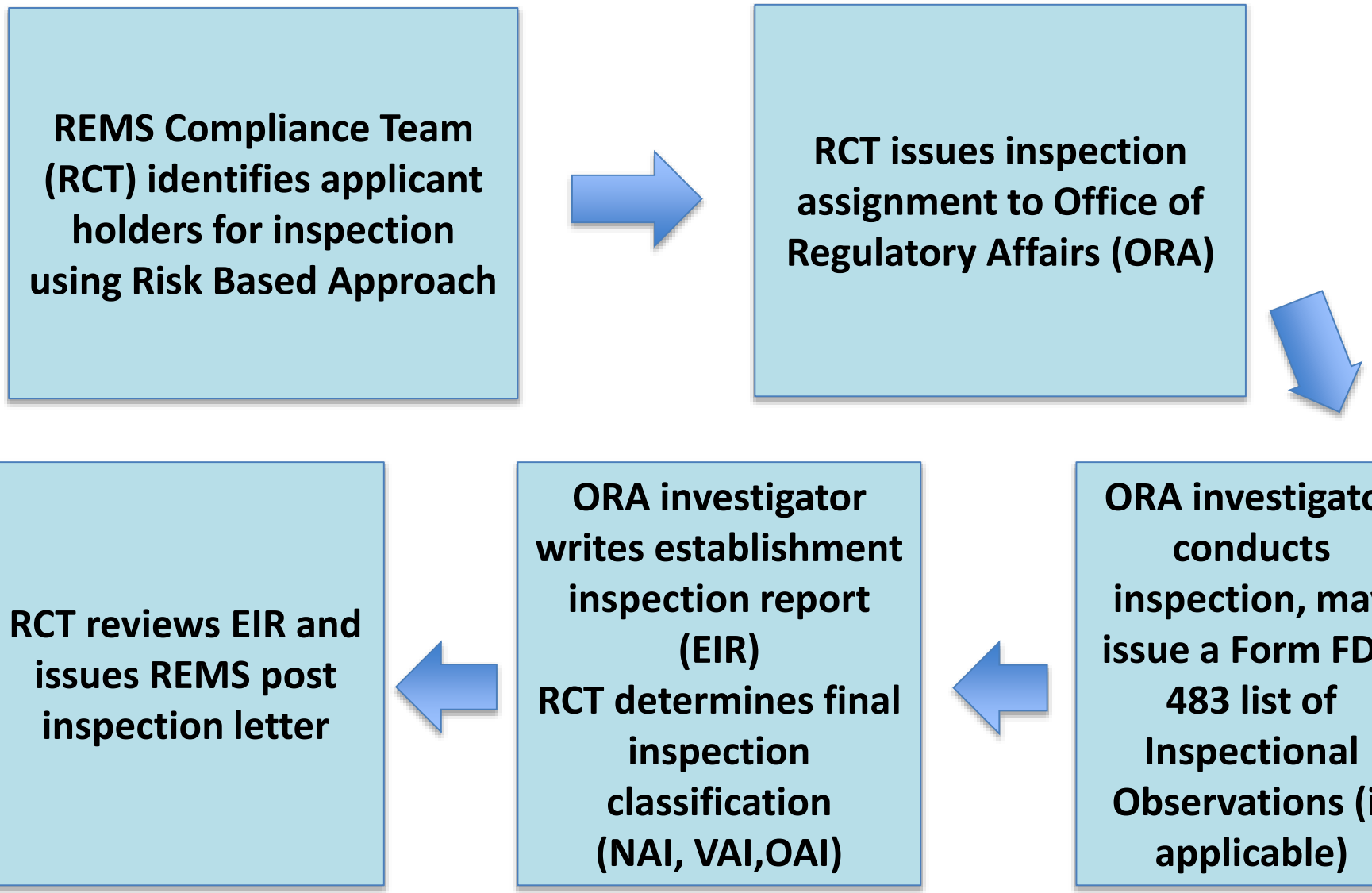
Issue REMS inspections

Conduct REMS inspections

ORA and CDER Work Together



REMS Inspection Process



Purpose of a REMS Inspection

- Verify the REMS is implemented and functioning in accordance to the FDA approved REMS

- Verify information in the REMS assessment report

How do we select REMS to be Inspected?

Site Selection – Risk based approach

- REMS with ETASU never inspected
- REMS with ETASU – issues during previous inspection
- REMS with ETASU – modified since last inspection
- REMS with Communication plans – never inspected (after assessment received if possible)
- REMS – requests from OND/OSE

Possible Inspection Sites

- Sponsor/Applicant
- Call Center
- Vendor/Contract Research Organization

Contractor Inspections

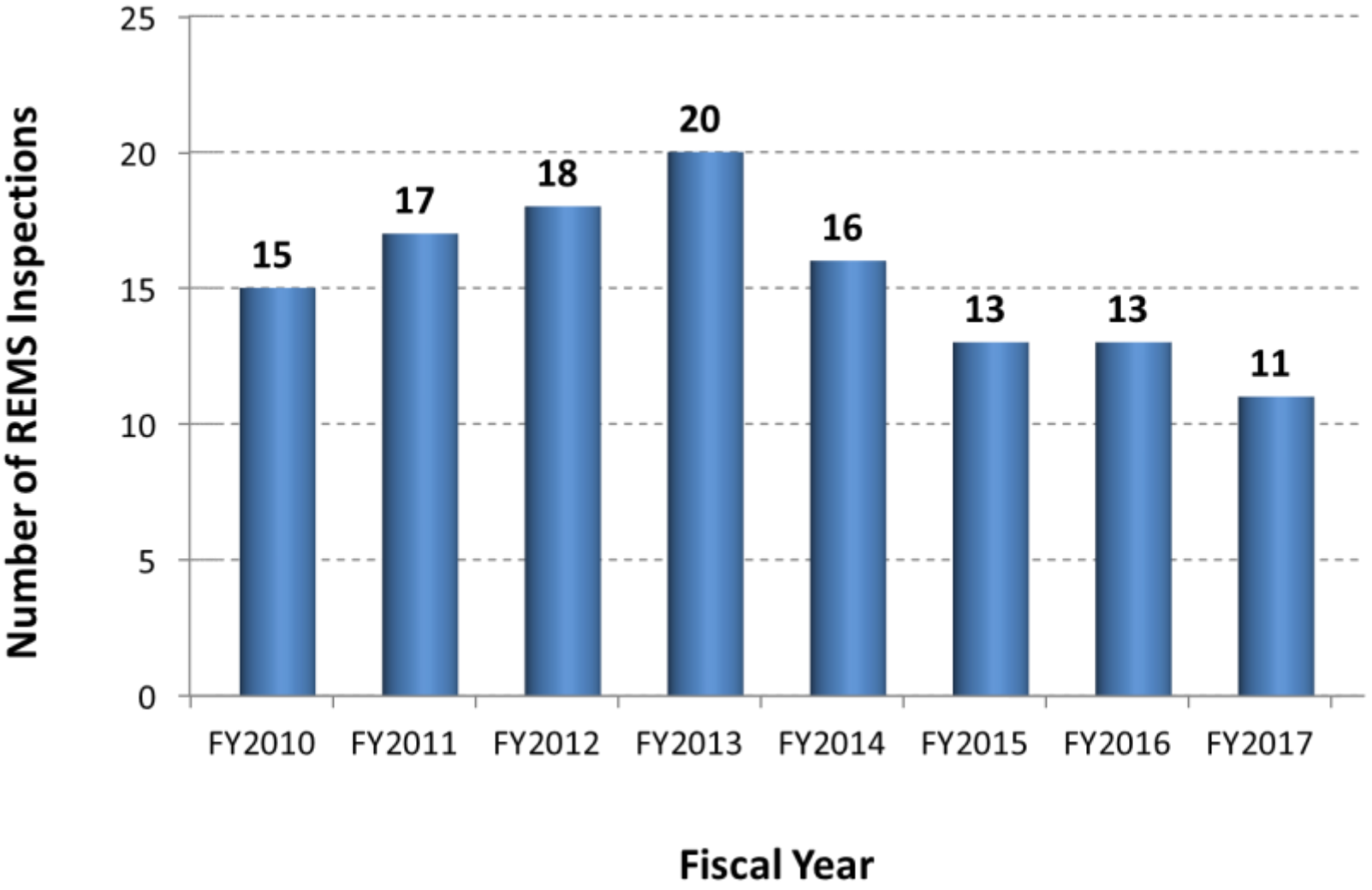
- REMS inspections may be conducted at the Applicant's contractors

- Applicant retains statutory obligation to ensure the REMS functions in accordance to the approved REMS

Contractor Information Collected

- Copy of the contract (financial information may be omitted)
- List of the subcontractors
- Description of the processes or functions performed by the contractor for the REMS program
- Records pertaining to the REMS that are held by the contractor
- REMS training records or standard operating procedures

REMS Inspections Conducted, by Fiscal Year



Inspection Classifications

- **No Action Indicated (NAI)**
  - No objectionable conditions or practices
- **Voluntary Action Indicated (VAI)**
  - Objectionable conditions or practices
  - Not at threshold to take or recommend administrative or regulatory action
- **Official Action Indicated (OAI)**
  - Significant objectionable conditions found
  - Regulatory action recommended

General Information Collected

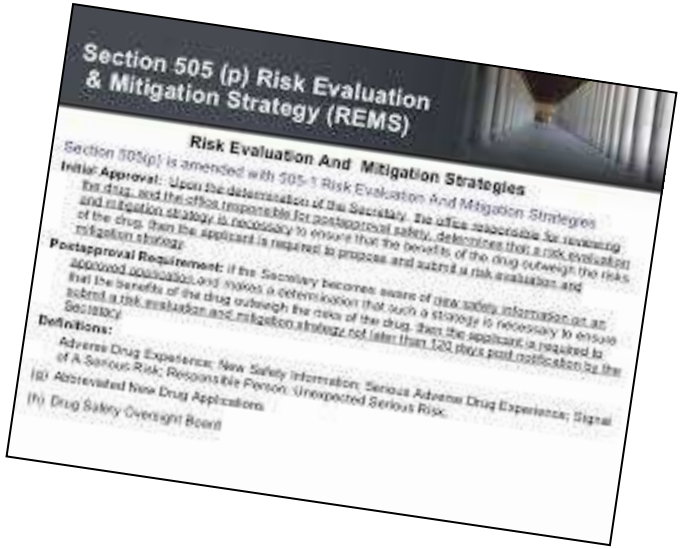
1. Date the *XYZ* REMS was operational and the date of product launch
2. List of all contractors associated with the *XYZ* REMS to include the point of contact, street address, and phone number of each contractor
3. Contracts with specifications of the contractor's responsibilities
4. Written procedures and training materials
5. Organizational charts

Haley Seymour, MS

Reviewer, REMS Compliance Team

Medication Guides as part of REMS

Medication Guides that are required as part of REMS under Section 505-1 are subject to the assessment and modification provisions of Section 505-1(g) and (h) of the FD&C Act.



Medication Guides

- Required to be dispensed with the drug
- Written in non-technical language

- Standardized format (font size, headers, etc.)
- Provided in ***addition*** *t*o general information sheets (Consumer Medication Information or CMI)

What we look for during an Inspection

1. Is the Medication Guide being distributed to each patient when the drug is dispensed?

2. We collect a copy of the Medication Guide in the version or format (hardcopy) that is provided to each patient

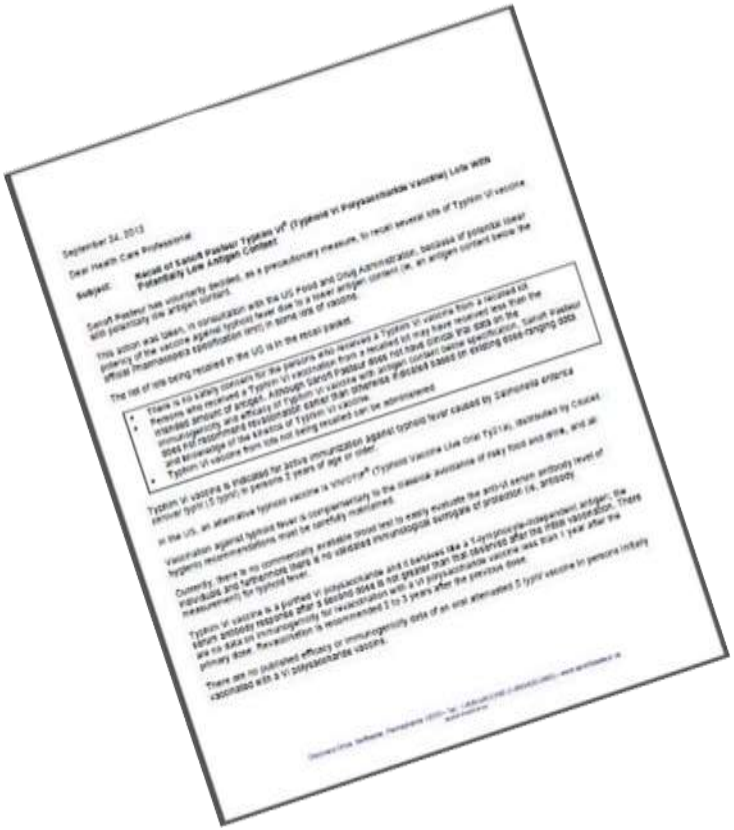
Communication Plan

A Communication Plan is:

- Developed by the applicant holder to support
- implementation of an element of the REMS, and Can inform key audiences (e.g., healthcare providers) about the risk of the drug

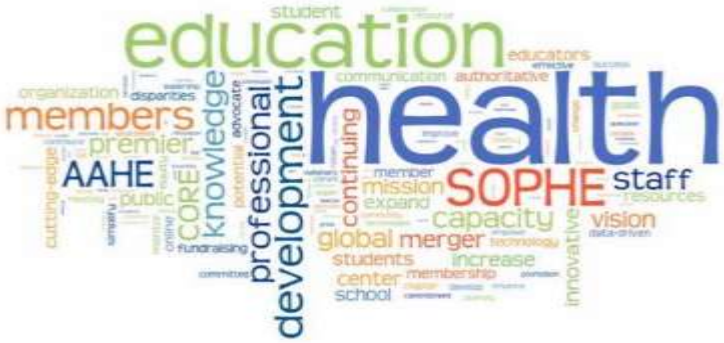
Communication Plans can include

Sending letters to Healthcare Providers (e.g., Dear Healthcare Provider letters)



Communication Plans can include

- Disseminating information through professional societies about any serious risks of the drug and any measures to assure safe use



A communication plan educates, informs, and raises awareness of risk.

What we look for during an Inspection

1. Were the distribution dates of the Communication Plan in accordance with the dates provided in the REMS document?

2. Were the professional journal communications in the journal as per the dates provided in the REMS document?

3. Is the communication plan available on the REMS website, if applicable?

Possible FDA 483 items for Inspections with a Communication Plan

1. Communication Plan was not distributed to required health care providers, professional societies, etc.

2. Communication Plan was distributed late

3. Not distributing letters to healthcare providers (e.g., Dear Healthcare Provider letters)

Elements To Assure Safe Use

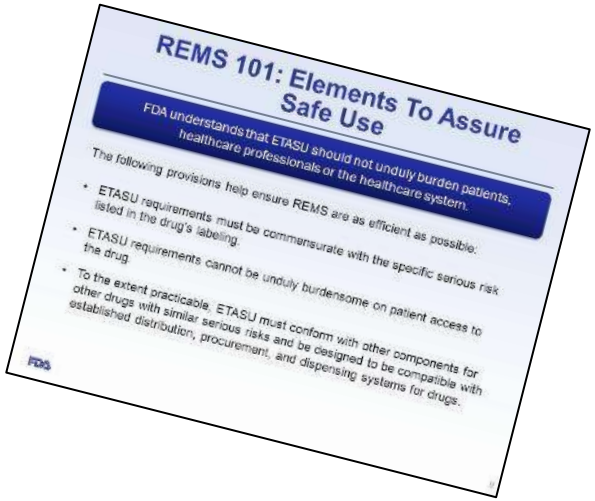
- Elements to Assure Safe Use (ETASU) may be required to provide safe access for patients to drugs with known serious risks due to inherent toxicity or potential harmfulness

- ETASU is a strategy to mitigate a specific serious risk listed in the labeling of the drug

Elements To Assure Safe Use

- Elements to Assure Safe Use may have 1 or more elements to mitigate the known serious risks associated with the use of the drug.

  - Element A: Healthcare Providers
  - Element B: Pharmacies
  - Element C: Certain Healthcare Settings
  - Element D: Documentation of Safe Use
  - Element E: Monitoring
  - Element F: Registry



Element A

Healthcare providers who prescribe the drug have particular training or experience, or are specially certified. (section 505-1(f)(3)(A))

Examples:

Education program for prescribers

- ER/LA opioid analgesics REMS

Training

- Qsymia REMS

Specially certified

- Caprelsa REMS
- Isotretinoin REMS

Element A: What we look for during an Inspection

- Number of healthcare providers that have received training
- Healthcare provider certification is documented
- Documentation of applicant's activities related to surveillance of the risks addressed by REMS program
- Applicant identifies and addresses non-compliance

Element B

Pharmacies, practitioners, or health care setting that dispense the drug are specially certified. (section 505-1(f)(3)(B))

Examples:

<u>Pharmacy</u>

- Clozapine REMS

<u>Healthcare setting</u>

- Lemtrada REMS

Element B: What we look for during an Inspection

- Documentation of compliance with requirements to become certified – e.g., training, program enrollment, etc.
- Documentation of pharmacy, practitioners or healthcare settings certification process
- Documentation of a validated, secure database of certified pharmacies, practitioners or healthcare settings
- Mechanism that applicant uses to identify and address non-compliant certified pharmacies, practitioners or healthcare settings
- Applicant identifies and addresses non-compliance

Element C

Drug dispensed to patients only in certain health care setting, such as hospitals

(section 505-1)(f)(3)(C))

Example:

- Aveed REMS

Element C: What we look for during an Inspection

- Documentation that the drug is shipped only to certified facilities
- Documentation of healthcare setting or wholesalers/distributors enrollment process
- Documentation of the applicant's activities related to compliance with REMS program
- Applicant identifies and addresses non-compliance

Element D

Drug dispensed to patient with evidence or other documentation of safe-use conditions, such as laboratory test results (section 505-1)(f)(3)(D)

Examples:

Patient Enrollment Form

- Tracleer REMS
- Clozapine REMS

Laboratory tests

- Isotretinoin REMS

Element D: What we look for during an Inspection

- Documentation of safe use conditions as described in the approved REMS
- Documentation of REMS Program Call Center activities
- Documentation of maintenance of a validated, secure database
- Applicant identifies and addresses non-compliance

Element E

Each patient using the drug is subject to certain monitoring (section 505-1(f)(3)(E))

Example:

- Clozapine REMS

Element E: What we look for during an Inspection

- Documentation of patient monitoring according to the requirements of the approved REMS
- Documentation of pharmacy, practitioner, patient, or healthcare setting non-compliance
- Applicant identifies and addresses non-compliance

Element F

Each patient using the drug is enrolled in a registry (section 505-1(f)(3)(F))

Example:

<u>Pregnancy registry</u>

- Isotretinoin REMS
- Mycophenolate REMS

Element F: What we look for during an Inspection

- Verify that the registry is in place and all patients are enrolled in a registry
- Documentation of patient registry enrollment non-compliance
- Applicant identifies and addresses non-compliance

Implementation System

To assure safe use, elements B, C and D may include a system through which the applicant is able to take reasonable steps to monitor and evaluate implementation of such elements and work to improve them

Implementation System: What we look for during an Inspection

- Documentation of all processes and procedures to support REMS requirements
- Documentation and maintenance of a validated, secure database of all certified stakeholders in the REMS Program
- Documentation and maintenance of a REMS Program Call Center and a REMS Program website
- Documentation of audits and an ongoing audit plan
- Applicant identifies and addresses non-compliance

Possible Enforcement Action

- Seizure of the drug subject to the REMS
- Injunction
- Civil Monetary Penalties

REMS: Key Points

- The REMS CP is on the FDA's BIMO Compliance Program Webpage
- REMS can be for a single drug or a class of drugs
- Each REMS is unique (i.e., no two REMS are alike)

Email for REMS Compliance:

CDER-OSI-RMP@fda.hhs.gov

Resources

- **FD&C Act Chapter V: Drugs and Devices**

  http://www.fda.gov/RegulatoryInformation/Legislation/FederalFoodDrugandCosmeticActFDCAct/FDCActChapterVDrugsandDevices/default.htm

- **REMS Guidances**
  - **Format and Content of a REMS Document**

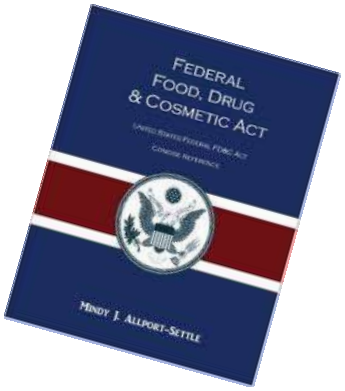
    https://www.fda.gov/downloads/Drugs/.../Guidances/UCM184128.pdf
  - **Medication Guides Distribution Requirements and Inclusion in REMS**

    http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM244570.pdf

- **REMS@FDA Website**

  http://www.accessdata.fda.gov/scripts/cder/rems/index.cfm

Resources



- **Risk Evaluation and Mitigation Strategies: Modifications and Revisions – Guidance for Industry (April 2015)**

  http://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm441226.pdf

- **REPORT: Standardizing and Evaluating Risk Evaluation and Mitigation Strategies (REMS) (Sept 2014)**

  http://www.fda.gov/downloads/ForIndustry/UserFees/PrescriptionDrugUserFee/UCM415751.pdf

- **Risk Evaluation and Mitigation Strategies Compliance Program Manual**

  https://www.fda.gov/ICECI/ComplianceManuals/CompliancePrograMManual/ucm255614

Lunch Break