

21. Submission (See instructions) ☐ Original ☐ Labeling Supplement ☐ CMC Supplement ☐ Efficacy Supplement ☐ Annual Report ☐ Product Correspondence ☐ REMS Supplement ☐ Postmarketing Requirements or Commitments ☐ Periodic Safety Report ☐ Request for Proprietary Name Review ☒ Other (Specify): Information Request #36																											
22. Submission Sub-Type ☐ Presubmission ☒ Amendment ☐ Initial Submission ☐ Resubmission		23. If a supplement, identify the appropriate category. ☐ CBE ☐ Prior Approval (PA) ☐ CBE-30																									
24. For Originals and all Supplements, is the product a combination product (21 CFR 3.2(e))? ☐ Yes ☐ No		Combination Product Type (See instructions) Request for Designation (RFD) Number																									
25. Does the submission contain: Only Pediatric data? ☐ Yes ☒ No		Human factors information? ☐ Yes ☒ No																									
26. Proposed Marketing Status (Select one) ☒ Prescription Product (Rx) ☐ Over-The-Counter Product (OTC)																											
27. Reasons for Submission IR #36																											
28. Establishment Information (Full establishment information should be provided in the body of the application.)																											
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Manufacturing Steps and/or Type of Testing Manufacture, Lot Release and Storage of (b) (4), mRNA-1273 LNP Release, stability, in-process testing of (b) (4), mRNA-1273 LNP Lot release stability and release testing of mRNA-1273 Drug Product		Is the site ready for inspection? ☒ Yes ☐ No ☐ N/A If No, when will site be ready? (mm/dd/yyyy) _____																									
		Continuation Page for #28																									
29. Cross References (List related BLAs, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, MAFs, and DMFs referenced in the current application.) IND# 19365; IND 019745 EUA 027073																											
Contin. Page for #29																											
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Item 30 continued on page 3

30. This application contains the following items (Continued; select all that apply)

- | | |
|---|--|
| ☐ 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2) | ☐ 10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2) |
| ☐ 11. Case report tabulations (e.g., 21 CFR 314.50(f)(1); 21 CFR 601.2) | ☐ 12. Case report forms (e.g., 21 CFR 314.50 (f)(2); 21 CFR 601.2) |
| ☐ 13. Patent information on any patent that claims the drug/biologic (21 U.S.C. 355(b) or (c)) | ☐ 14. A patent certification with respect to any patent that claims the drug/biologic (21 U.S.C. 355 (b)(2) or (j)(2)(A)) |
| ☐ 15. Establishment description (21 CFR Part 600, if applicable) | ☐ 16. Debarment certification (FD&C Act 306 (k)(1)) |
| ☐ 17. Field copy certification (21 CFR 314.50 (l)(3)) | ☐ 18. User Fee Cover Sheet (PDUFA Form FDA 3397, GDUFA Form FDA 3794, BsUFA Form FDA 3792, or MDUFA Form FDA 3601) |
| ☐ 19. Financial Disclosure Information (21 CFR Part 54) | |
| ☐ 20. Other (Specify): _____ | |

CERTIFICATION

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to, the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660, and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR Part 202.
5. Regulations on making changes in application in FD&C Act section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80, and 600.81.
7. Local, state, and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

31. Typed Name and Title of Applicant's Responsible Official Michelle Olsen, Associate Director, Regulatory Affairs		32. Date (mm/dd/yyyy) 12/20/2021
33. Telephone Number (Include country code if applicable and area code) (617) 417-4428	34. FAX Number (Include country code if applicable and area code) (b) (6)	35. Email Address michelle.olsen@modernatx.com
36. Address of Applicant's Responsible Official		
Address 1 (Street address, P.O. box, company name c/o) 200 Technology Square		
Address 2 (Apartment, suite, unit, building, floor, etc.)		
City Cambridge	State/Province/Region MA	
Country USA	ZIP or Postal Code 02139	
37. Signature of Applicant's Responsible Official or Other Authorized Official Digitally signed by Michelle Olsen Date: 2021.12.19 14:50:58 -05'00'		38. Countersignature of Authorized U.S. Agent Sign

The information below applies only to requirements of the Paperwork Reduction Act of 1995.

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Office of Operations
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FIRST CONTINUATION PAGE FOR ITEM 28 – Establishment Information

Provide information for additional establishments below, as needed.

Establishment Name

ModernaTx, Inc

Address 1 (Street address, P.O. box, company name c/o)

210 Rustcraft Road

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Dedham

State/Province/Region

MA

Country

USA

ZIP or Postal Code

02026

Registration (FEI) Number

1111111111

MF Number

000000

Establishment DUNS Number

116912313

Is the establishment new to the application?

☒ Yes ☐ No

What is the status of the establishment?

☒ Pending ☐ Active ☐ Inactive ☐ Withdrawn

Establishment Contact Information at the site/facility

Name of Contact for the Establishment

Emma Harrington

Address 1 (Street address, P.O. box, company name c/o)

One Moderna Way

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Norwood

State/Province/Region

MA

Country

USA

ZIP or Postal Code

02062

Telephone Number (Include area code)

(b) (6)

FAX Number (Include area code)

000-000-0000

Email Address

(b) (6) @modernatx.com

Manufacturing Steps and/or Type of Testing

Release, stability, in-process testing of ModernaTX, Inc. Norwood, MA 02062 (b) (4), mRNA-1273 LNP

Stability and release testing of mRNA-1273 Drug Product

Is the site ready for inspection? ☒ Yes ☐ No ☐ N/A

If No, when will site be ready? (mm/dd/yyyy) _____

Establishment Name

Aldevron

Address 1 (Street address, P.O. box, company name c/o)

4055 41st Avenue South

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Fargo

State/Province/Region

ND

Country

USA

ZIP or Postal Code

58104

Registration (FEI) Number

1111111111

MF Number

000000

Establishment DUNS Number

048764943

Is the establishment new to the application?

☒ Yes ☐ No

What is the status of the establishment?

☒ Pending ☐ Active ☐ Inactive ☐ Withdrawn

Establishment Contact Information at the site/facility

Name of Contact for the Establishment

(b) (6)

Address 1 (Street address, P.O. box, company name c/o)

4055 41st Avenue South

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Fargo

State/Province/Region

ND

Country

USA

ZIP or Postal Code

58104

Telephone Number (Include area code)

(b) (6)

FAX Number (Include area code)

000-000-0000

Email Address

(b) (6)

Manufacturing Steps and/or Type of Testing

Manufacture of linearized plasmid DNA (pDNA) template
Release testing of linearized pDNA templateIs the site ready for inspection? ☒ Yes ☐ No ☐ N/A

If No, when will site be ready? (mm/dd/yyyy) _____

Add Second Continuation Page for #28

SECOND CONTINUATION PAGE FOR ITEM 28 – Establishment Information

Provide information for additional establishments below, as needed.

Establishment Name

Lonza Biologics, Inc.

Address 1 (Street address, P.O. box, company name c/o)

101 International Drive

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Portsmouth

State/Province/Region

NH

Country

USA

ZIP or Postal Code

03801

Registration (FEI) Number

3001451441

MF Number

000000

Establishment DUNS Number

093149750

Is the establishment new to the application?



Yes



No

What is the status of the establishment?



Pending



Active



Inactive



Withdrawn

Establishment Contact Information at the site/facility

Name of Contact for the Establishment

(b) (6)

Telephone Number (Include area code)

(b) (6)

Address 1 (Street address, P.O. box, company name c/o)

101 International Drive

FAX Number (Include area code)

000-000-0000

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Portsmouth

State/Province/Region

NH

Country

USA

ZIP or Postal Code

03801

Email Address

(b) (6)

Manufacturing Steps and/or Type of Testing

Manufacture, Release testing, storage of (b) (4), mRNA-1273 LNP, CX-24414
Stability Testing of CX-24414

Is the site ready for inspection?



Yes



No



N/A

If No, when will site be ready? (mm/dd/yyyy)

Establishment Name

Associates of Cape Cod

Address 1 (Street address, P.O. box, company name c/o)

124 Bernard Street

Address 2 (Apartment, suite, unit, building, floor, etc.)

Jean Drive

City

East Falmouth

State/Province/Region

MA

Country

USA

ZIP or Postal Code

02536

Registration (FEI) Number

1219145

MF Number

000000

Establishment DUNS Number

076574078

Is the establishment new to the application?



Yes



No

What is the status of the establishment?



Pending



Active



Inactive



Withdrawn

Establishment Contact Information at the site/facility

Name of Contact for the Establishment

(b) (6)

Telephone Number (Include area code)

000-000-0000

Address 1 (Street address, P.O. box, company name c/o)

124 Bernard Street

FAX Number (Include area code)

000-000-0000

Address 2 (Apartment, suite, unit, building, floor, etc.)

Jean Drive

City

East Falmouth

State/Province/Region

MA

Country

USA

ZIP or Postal Code

02536

Email Address

(b) (6)

Manufacturing Steps and/or Type of Testing

Release and Stability testing of (b) (4), mRNA-1273 LNP, mRNA-1273 Drug product (bacterial endotoxin)

Is the site ready for inspection?



Yes



No



N/A

If No, when will site be ready? (mm/dd/yyyy)

Add Third Continuation Page for #28

THIRD CONTINUATION PAGE FOR ITEM 28 – Establishment Information

Provide information for additional establishments below, as needed.

Establishment Name

Catalent Indiana, LLC (subsidiary of Catalant Pharma Solutions, LLC)

Address 1 (Street address, P.O. box, company name c/o)

1300 South Patterson Drive

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Bloomington

State/Province/Region

IN

Country

USA

ZIP or Postal Code

47403

Registration (FEI) Number

3005949964

MF Number

000000

Establishment DUNS Number

172209277

Is the establishment new to the application?



Yes



No

What is the status of the establishment?



Pending



Active



Inactive



Withdrawn

Establishment Contact Information at the site/facility

Name of Contact for the Establishment

(b) (6)

Address 1 (Street address, P.O. box, company name c/o)

1300 S. Patterson Drive

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Bloomington

State/Province/Region

IN

Country

USA

ZIP or Postal Code

47403

Telephone Number (Include area code)

(b) (6)

FAX Number (Include area code)

000-000-0000

Email Address

(b) (6)

Manufacturing Steps and/or Type of Testing

Fill/Finish, Packaging, Labeling, In-Process testing, Release Testing (Sterility) of Drug Product

Is the site ready



Yes



No



N/A

If No, when will site be

ready? (mm/dd/yyyy)

Establishment Name

Baxter BioPharma Solutions

Address 1 (Street address, P.O. box, company name c/o)

927 S. Curry Pike

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Bloomington

State/Province/Region

IN

Country

USA

ZIP or Postal Code

47403

Registration (FEI) Number

1000115571

MF Number

000000

Establishment DUNS Number

604719430

Is the establishment new to the application?



Yes



No

What is the status of the establishment?



Pending



Active



Inactive



Withdrawn

Establishment Contact Information at the site/facility

Name of Contact for the Establishment

(b) (6)

Address 1 (Street address, P.O. box, company name c/o)

927 S. Curry Pike

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Bloomington

State/Province/Region

IN

Country

USA

ZIP or Postal Code

47403

Telephone Number (Include area code)

(b) (6)

FAX Number (Include area code)

000-000-0000

Email Address

(b) (6)

Manufacturing Steps and/or Type of Testing

Fill/Finish, Packaging, Labeling, In-Process testing, Release Testing (Sterility) of Drug Product

Is the site ready



Yes



No



N/A

If No, when will site be

ready? (mm/dd/yyyy)

Add Fourth Continuation Page for #28