



BLA 125166/S-448
BLA 761108/S-038

SUPPLEMENT APPROVAL

Alexion Pharmaceuticals, Inc.
Attention: Sudhakarr Balasubramanian
Associate Director, Global Regulatory Affairs
121 Seaport Boulevard
Boston, MA 02210

Dear Sudhakarr Balasubramanian:

Please refer to your supplemental biologics license applications (sBLAs), dated and received August 30, 2024, and February 24, 2025, and your amendments, submitted under section 351(a) of the Public Health Service Act for Soliris (eculizumab) injection, for intravenous use and Ultomiris (ravulizumab-cwvz) injection, for intravenous use.

We acknowledge receipt of your risk evaluation and mitigation strategy (REMS) assessment dated July 31, 2024, and received August 30, 2024.

The Soliris Prior Approval sBLA (BLA 125166/S-448) provides for a new indication for use of eculizumab for the treatment of generalized myasthenia gravis (gMG) in pediatric patients six years of age and older who are anti-acetylcholine receptor (AChR) antibody positive.

These sBLAs also provide for proposed modifications to the approved Ultomiris and Soliris risk evaluation and mitigation strategy (REMS) to update the indication for Soliris.

APPROVAL & LABELING

We have completed our review of these applications, 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, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 601.14(b)] in structured product labeling (SPL) format, as described at FDA.gov,¹ that is identical to the enclosed labeling (text for the Prescribing Information

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

and Medication Guide) and include the labeling changes proposed in any pending “Changes Being Effected” (CBE) supplements.

Information on submitting SPL files using 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.

Also within 14 days, amend all pending supplemental applications that include labeling changes for this BLA, including pending “Changes Being Effected” (CBE) supplements, for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 601.12(f)] in Microsoft Word format that includes the changes approved in this supplemental application, as well as annual reportable changes. To facilitate review of your submission(s), provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

We request that the labeling approved today be available on your website within 10 days of receipt of this letter.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the carton and container labeling submitted on February 7, 2025, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling 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 Carton and Container Labeling for approved BLA 125166/S-448.**” Approval of this submission by FDA is not required before the labeling 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(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

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>.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS

The REMS for Soliris was originally approved on June 4, 2010, and the REMS for Ultomiris was originally approved on December 21, 2018. The two drugs are subject to the same REMS known as the Ultomiris and Soliris REMS. The most recent REMS modification was approved on March 22, 2024. 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 changes to the REMS appended materials to align with labeling changes related to Soliris' new indication for the treatment of generalized myasthenia gravis (gMG) in pediatric patients six years of age and older who are anti-acetylcholine receptor (AChR) antibody positive.

Your proposed modified REMS, submitted on August 30, 2024, amended and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on March 22, 2024.

There are no changes to the REMS assessment plan described in our March 22, 2024, 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:

BLA 125166 / BLA 761108 REMS ASSESSMENT METHODOLOGY

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:

BLA 125166 / BLA 761108 REMS ASSESSMENT

or

**NEW SUPPLEMENT FOR BLA 125166/S-000 / BLA 761108/S-000
CHANGES BEING EFFECTED IN 30 DAYS**

PROPOSED MINOR REMS MODIFICATION

or

**NEW SUPPLEMENT FOR BLA 125166/S-000 / BLA 761108/S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION**

or

NEW SUPPLEMENT FOR BLA 125166/S-000 / BLA 761108/S-000

**PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABELING
CHANGES SUBMITTED IN SUPPLEMENT XXX**

or

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR BLA 125166/S-000 or BLA 761108/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 BLA 125166 / BLA 761108

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

As soon as possible, but no later than 14 days from the date of this letter, submit the REMS document in Structured Product Labeling (SPL) format using the FDA automated drug registration and listing system (eLIST). Content of the REMS document must be identical to the approved REMS document. The SPL will be publicly available.

Information on submitting REMS in SPL format may be found in the guidance for industry *Providing Regulatory Submission in Electronic Format – Content of the Risk Evaluation and Mitigation Strategies Document Using Structured Product Labeling*.

For more information on submitting REMS in SPL format, please email FDAREMSwebsite@fda.hhs.gov.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs*.³

You must submit final promotional materials and Prescribing Information, accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at FDA.gov.⁴ Information and Instructions for completing the form can be found at FDA.gov.⁵

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved BLA (in 21 CFR 600.80 and in 21 CFR 600.81).

³ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

⁴ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

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If you have any questions, contact Amy Bolger, PharmD, Regulatory Health Project Manager, by email at Amy.Bolger@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Emily Freilich, MD
Director
Division of Neurology 1
Office of Neuroscience
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Medication Guide
- REMS

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/

EMILY R FREILICH
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