

BLA 761107/S-018

SUPPLEMENT APPROVAL

Swedish Orphan Biovitrum AB (publ)
Attention: Joanna McCormack, PharmD
Senior Manager, US Regulatory Lead, Immunology
77 4th Avenue, 3rd Floor
Waltham, MA 02451

Dear Dr. McCormack:

Please refer to your supplemental biologics license application (sBLA) received December 27, 2024, and your amendments, submitted under section 351(a) of the Public Health Service Act for Gamifant (emapalumab-lzsg).

This Prior Approval sBLA provides for expansion of the indication to include treatment of adult and pediatric (newborn and older) patients with hemophagocytic lymphohistiocytosis (HLH)/macrophage activation syndrome (MAS) in known or suspected Still's disease, including systemic Juvenile Idiopathic Arthritis (sJIA), with an inadequate response or intolerance to glucocorticoids, or with recurrent MAS.

APPROVAL & LABELING

We have completed our review of this application, 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, 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

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

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>.

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).

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.

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

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess a known serious risk of serious infections, particularly mycobacterium and cytomegalovirus infections and reactivations.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following study:

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| 4863-1 | Establish a registry to characterize the long-term safety of emapalumab-lzsg in at least 50 adult and pediatric patients with hemophagocytic lymphohistiocytosis (HLH)/macrophage activation |
|--------|--|

syndrome (MAS) in known or suspected Still's disease, including systemic juvenile idiopathic arthritis (sJIA) with an inadequate response or intolerance to glucocorticoids, or with recurrent MAS, with at least 1 year of follow-up.

Provide clinical narratives and tabular summaries of all pertinent safety data in the yearly interim reports. The final study report should include a summary of the major safety findings for all patients including patient level data on emapalumab-lzsg dosing, all serious infections in particular, mycobacterium and cytomegalovirus infections and reactivations, laboratory results (i.e., CBC with differential and liver function tests), and concomitant medications.

The timetable you submitted on June 12, 2025, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	12/2025
Final Protocol Submission:	06/2026
Interim Report #1:	01/2028
Interim Report #2:	01/2029
Interim Report #3:	01/2030
Study Completion:	12/2030
Final Report Submission:	03/2031

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.³

Submit clinical protocol(s) to your IND 111015 with a cross-reference letter to this BLA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your BLA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

REQUIRED POSTMARKETING PROTOCOL UNDER 505(o), REQUIRED POSTMARKETING FINAL REPORT UNDER 505(o), REQUIRED POSTMARKETING CORRESPONDENCE UNDER 505(o).

Submission of the protocol(s) for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312.

³ See the guidance for Industry Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019).

<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B(a)(1) of the FDCA, as well as 21 CFR 601.70 requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B(a)(1) and 21 CFR 601.70 to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 601.70. We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

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*.⁴

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 601.12(f)(4)]. Form FDA 2253 is available at FDA.gov.⁵ Information and Instructions for completing the form can be found at FDA.gov.⁶

All promotional materials that include representations about your drug product must be promptly revised to be consistent with the labeling changes approved in this supplement, including any new safety-related information [21 CFR 601.12(f)(4)]. The revisions in your promotional materials should include prominent disclosure of the important new safety-related information that appears in the revised labeling. Within 7 days of receipt of this letter, submit your statement of intent to comply with 21 CFR 601.12(f)(4).

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).

⁴ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

If you have any questions, please contact Rolanda Bailey, Regulatory Project Manager, at (240) 402-5631 or email at Rolanda.Bailey@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Tanya Wroblewski, MD
Deputy Director
Division of Nonmalignant Hematology
Office of Cardiology, Hematology,
Endocrinology, and Nephrology
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Medication Guide

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/

TANYA M WROBLEWSKI
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