

BLA 761439/Original 2

BLA APPROVAL

Hikma Pharmaceuticals USA Inc.
Attention: Amy Schutte
Senior Director, Regulatory Affairs
2 Esterbrook Lane
Cherry Hill, NJ 08003

Dear Amy Schutte:

Please refer to your biologics license application (BLA) received September 27, 2024, and your amendments, under section 351(k) of the Public Health Service Act for Enoby (denosumab-qbde) injection and Xtrenbo (denosumab-qbde) injection.

We acknowledge receipt of your amendment dated October 2, 2025, which constituted a request for approval following our September 26, 2025, provisional determination letter.

BLA 761439 initially provided for:

- Enoby (denosumab-qbde) injection 60 mg/mL for subcutaneous use in a single-dose prefilled syringe as biosimilar to and interchangeable with US-Prolia (denosumab) injection 60 mg/mL for subcutaneous use in a single-dose prefilled syringe, and
- Xtrenbo (denosumab-qbde) injection 120 mg/1.7 mL (70 mg/mL) for subcutaneous use in a single-dose vial as biosimilar to and interchangeable with US-Xgeva (denosumab) injection 120 mg/1.7 mL (70 mg/mL) for subcutaneous use in a single-dose vial.

For administrative purposes, we have designated BLA 761439 as follows:

- BLA 761439/Original 1 – biosimilarity
- BLA 761439/Original 2 – interchangeability

The subject of this action letter is BLA 761439/Original 2. A separate action letter was issued for BLA 761439/Original 1 on September 26, 2025.

LICENSING

We have approved your BLA 761439/Original 2 for Enoby (denosumab-qbde) and Xtrenbo (denosumab-qbde) as interchangeable biosimilar products effective this date. You are hereby authorized to introduce or deliver for introduction into interstate

commerce, Enoby and Xtrenbo under your existing Department of Health and Human Services U.S. License No. 2356.

Enoby is indicated for:

- Treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. In postmenopausal women with osteoporosis, denosumab reduces the incidence of vertebral, nonvertebral, and hip fractures.
- Treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.
- Treatment of glucocorticoid-induced osteoporosis in men and women at high risk of fracture who are either initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for at least 6 months. High risk of fracture is defined as a history of osteoporotic fracture, multiple risk factors for fracture, or patients who have failed or are intolerant to other available osteoporosis therapy.
- Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients denosumab also reduced the incidence of vertebral fractures.
- Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

Xtrenbo is indicated for:

- Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.
- Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.
- Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.

MANUFACTURING LOCATIONS

For information regarding approved manufacturing locations, see the Manufacturing Locations section of the correspondence for BLA 761439/Original 1 dated September 26, 2025.

FDA LOT RELEASE

For information regarding FDA lot release, see the FDA Lot Release section of the correspondence for BLA 761439/Original 1 dated September 26, 2025.

APPROVAL AND 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 Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Medication Guide). 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.

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.

At this time, we have determined that no pediatric studies will be required under PREA for BLA 761439/Original 2.

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

The REMS for Enoby was originally approved on September 26, 2025. The REMS consists of a communication plan and a timetable for submission of assessments of the REMS.

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

Your approved REMS is appended to this letter.

The timetable for submission of assessments of the REMS remains the same as that approved on September 26, 2025.

There are no changes to the REMS assessment plan described in our September 26, 2025 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). 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, proposed 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 the 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 a*

REMS modification, provide a rationale for why the REMS does not need to be modified.

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 761439 REMS ASSESSMENT

or

**NEW SUPPLEMENT FOR BLA 761439/S-###
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION**

or

**NEW SUPPLEMENT FOR BLA 761439/S-###
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION**

or

**NEW SUPPLEMENT FOR BLA 761439/S-###
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABELING
CHANGES SUBMITTED IN SUPPLEMENT XXX**

or

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR BLA 761439/S-###
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 REVISION FOR BLA 761439

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, are only in PDF format, they may be submitted as such, but the preference is to include as many as possible in Word format.

SUBMISSION OF REMS DOCUMENT IN SPL FORMAT

As a reminder, if you have not submitted the REMS document in Structured Product Labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), do so within 14 days from the date of this letter. 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 additional 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 601.12(f)(4)]. 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

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80).

Prominently identify all adverse experience reports as described in 21 CFR 600.80.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (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>

You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA 3486 to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
5901-B Ammendale Road
Beltsville, MD 20705-1266

Biological product deviations, sent by courier or overnight mail, should be addressed to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
10903 New Hampshire Avenue, Bldg. 51, Room 4207
Silver Spring, MD 20903

Your product is a Part 3 combination product (21 CFR 3.2(e)); therefore, you must also comply with postmarketing safety reporting requirements for an approved combination product (21 CFR 4, Subpart B). Additional information on combination product postmarketing safety reporting is available at FDA.gov.

If you have any questions, contact Chau Nguyen, Regulatory Project Manager at chau.nguyen@fda.hhs.gov or (240)-402-0022.

Sincerely,

{See appended electronic signature page}

Theresa E. Kehoe, MD
Director
Division of General Endocrinology
Office of Cardiology, Hematology,
Endocrinology, and Nephrology
Office of New Drugs
Center for Drug Evaluation and Research
and

{See appended electronic signature page}

Christy Osgood, MD
Supervisory Associate Director
Division of Oncology 1
Office of Oncologic DiseasesOffice of New
Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

Branded Product Labeling

- Content of Labeling
 - Prescribing Information
 - Medication Guide (Enoby)

Enoby 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/

THERESA E KEHOE
10/29/2025 11:40:27 AM

CHRISTY L OSGOOD
10/29/2025 01:06:17 PM