



BLA 125166/S-412
BLA 125166/S-413

SUPPLEMENT APPROVAL

Alexion Pharmaceuticals, Inc.
Attention: Mary F. Lyons, RAC
Senior Manager, Regulatory Affairs
352 Knotter Drive
Cheshire, CT 06410

Dear Ms. Lyons:

Please refer to your Supplemental Biologics License Application (sBLA), (S-412) dated June 5, 2015, received June 5, 2015, and your amendments, submitted under section 351(a) of the Public Health Service Act for Soliris[®] (eculizumab) 300 mg (10 mg/mL) Intravenous (IV) Infusion.

This "Prior Approval" supplemental biologics application (S-412) provides for revisions to the package insert that include changes to Highlights, Boxed Warning, Section 17 Patient Counseling Information, and Section 2.4 Administration and changes to the Medication Guide.

We also refer to your Supplemental Biologics License Application (sBLA), (S-413) dated June 29, 2015, received June 29, 2015, and your amendment, submitted under section 351(a) of the Public Health Service Act for Soliris[®] (eculizumab) 300 mg (10 mg/mL) Intravenous (IV) Infusion.

This "Prior Approval" sBLA (S-413) provides for modifications to the approved REMS for Soliris[®] (eculizumab).

APPROVAL & LABELING

We have completed our review of these supplemental applications, as amended. They are approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

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 <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>, that is

identical to the enclosed labeling (text for the package insert and Medication Guide) and include the labeling changes proposed in any pending “Changes Being Effectuated” (CBE) supplements. Information on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications that includes labeling changes for this BLA, including pending “Changes Being Effectuated” (CBE) supplements, for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 601.12(f)] in MS Word format that includes the changes approved in this supplemental application.

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

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, 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 none of these criteria apply to your applications, you are exempt from this requirement.

RISK EVALUATION AND MITIGATION STRATEGY REQUIREMENTS

The REMS for Soliris® (eculizumab) was originally approved on June 4, 2010, and the most recent modification was approved on October 10, 2014. The REMS consists of a Medication Guide, elements to assure safe use and a timetable for submission of assessments of the REMS. Your proposed modifications to the REMS consist of changes to the REMS, the Medication Guide, and REMS materials, including the Patient Safety Card, the Dosing and Administration Guide, Patient Safety Brochure, *Important Safety Information about Soliris*, Prescriber Safety Brochure, *Important Safety Information about Soliris*, Prescriber Introductory Letter and Enrollment Form, and the Soliris REMS website. The changes to the REMS, Medication Guide, and REMS appended materials are to align with the prescriber information revisions regarding the level of fever needed to seek medical attention being approved in S-412, and to include contact information for reporting adverse events.

Your proposed modified REMS, submitted on June 29, 2015, and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on April 30, 2014.

There are no changes to the REMS assessment plan described in our September 15, 2015, 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 REMS CORRESPONDENCE
(insert concise description of content in bold capital letters, e.g.,
UPDATE TO REMS SUPPORTING DOCUMENT - 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 REMS ASSESSMENT

**NEW SUPPLEMENT BLA 125166/ S-XXX
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION**

or

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

or

**NEW SUPPLEMENT FOR BLA 125166/ S-XXX
PRIOR APPROVAL SUPPLEMENT
PROPOSED REMS MODIFICATIONS DUE TO SAFETY LABEL CHANGES
SUBMITTED IN SUPPLEMENT S-XXX**

or

**NEW SUPPLEMENT (NEW INDICATION FOR USE)
FOR/BLA 125166/ S-XXX
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

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.

If you do not submit electronically, please send 5 copies of REMS-related submissions.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the package insert(s) to:

OPDP Regulatory Project Manager
Food and Drug Administration
Center for Drug Evaluation and Research
Office of Prescription Drug Promotion
5901-B Ammendale Road
Beltsville, MD 20705-1266

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft Guidance for Industry (available at:

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM443702.pdf>).

As required under 21 CFR 601.12(f)(4), you must submit final promotional materials, and the package insert(s), at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at

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

Information and Instructions for completing the form can be found at

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

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).

If you have any questions, call Kris Kolibab, Regulatory Project Manager, at (240) 402-0277.

Sincerely,

{See appended electronic signature page}

Ann T. Farrell, MD
Director
Division of Hematology Products
Office of Hematology and Oncology Products
Center for Drug Evaluation and Research

ENCLOSURE(S):
Content of Labeling
REMS

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

ANN T FARRELL
12/03/2015