

You must submit information to your biologics license application for our review and written approval under 21 CFR 601.12 for any changes in the manufacturing, testing, packaging or labeling of eculizumab, or in the manufacturing facilities.

We acknowledge your written commitments as described in your letter of February 22, 2007, March 12, 2007 and March 12, 2007 as outlined below:

Postmarketing Studies subject to reporting requirements of 21 CFR 601.70.

1. To evaluate long-term safety of eculizumab by analyzing outcomes in the Soliris Safety Registry for a time period of no less than five years. At the end of the five year period, a study report will be submitted to the Biological License Application (BLA) that describes the major safety findings from the registry program, including the specific items listed below and proposing labeling changes as appropriate. Additionally, annual interim reports will be submitted to the BLA, along with expedited reports as specified below. The protocol for addressing this PMC will be submitted to the IND by May 31, 2007, and the five year study report will be submitted by June 30, 2012. All patients within the registry will be followed for the occurrence of:
 - a. Serious infections, defined as infections necessitating or prolonging hospitalization or resulting in death. Alexion commits to collecting follow-up information from these patients to assess the nature of the serious infection, the duration of hospitalization, the major features of the clinical course and the survival status. Expedited reporting (15 day telephone or facsimile Medwatch communication) will be provided for the occurrence of these serious infections.
 - b. Malignancy, including the nature of the malignancy and the survival status of patients who develop a malignancy;
 - c. Use of eculizumab among pediatric patients under 16 years of age, to include collection of eculizumab dosage information, as well as the same information being required for adult patients in the registry;
 - d. Pregnancy, including the clinical course of each pregnancy and the detection of congenital abnormalities among babies born to the women exposed to eculizumab during the pregnancy.
 - e. Thrombotic events, including the nature of the event, the clinical outcome as well as the anticoagulant management prior to and after the event.

2. To submit a comprehensive description of the Soliris Guardian Program Risk Minimization Action Plan (RiskMAP), including all items listed below. Fulfillment of this post-marketing commitment will be contingent upon FDA concurrence upon the expectations of the Soliris Guardian Program. Submission of all items listed below will occur no later than May 18, 2007. The submitted information will include:
 - a. A final version of the Soliris Guardian Program document that, in addition to any other items, provides information fully consistent with the approved prescribing information.
 - b. A copy of all educational materials to be provided as part of the program, including but not limited to all components of the Soliris Starter Kit, the Drug Fact Sheet and patient-health care provider documents relating to the Soliris Safety Registry.
 - c. A commitment to develop and submit a protocol (with the understanding that this protocol may need modification based upon FDA review findings) that uses surveys of health care providers and patients to assess compliance with the vaccination requirements as well as their knowledge of the risks of eculizumab and the need for vaccination.
 - d. A copy of the Soliris Safety Registry protocol and any supportive documents to be provided to health care providers and patients. These documents may need modification based upon FDA review findings. The submitted protocol will indicate that the Registry will continue until Alexion receives written concurrence from FDA to terminate the registry. The protocol will include collection of the occurrence of the following events:
 - i. Death;
 - ii. Meningococcal vaccination (type and dates of all vaccinations);
 - iii. eculizumab administration dates, at designated time points to establish initiation and termination of therapy as well as to correlate eculizumab administration with the fatalities and the events listed below:
 - All meningococcal infections causing sepsis or meningitis
 - Other serious infections
 - Malignancy, including the nature of the malignancy and the survival status of patients who develop a malignancy;
 - Use of eculizumab among pediatric patients under 16 years of age, to include collection of eculizumab dosage information, as well as the required information for adult patients in the registry;
 - Use of eculizumab by indication;

- Pregnancy, including the clinical course of each pregnancy and the detection of congenital abnormalities among offspring of the women exposed to eculizumab during a pregnancy and;
 - Serious hemolysis, as defined by specific criteria.
- e. A commitment to submit quarterly RiskMAP reports for the first year and annual reports thereafter (unless FDA provides written request for more frequent submissions) summarizing all information relating to the Soliris Guardian Program. The reports should include the following:
- i. An analysis of all cases of the following, including a root cause analysis and factors that might have contributed to serious outcomes:
 - Meningococcal sepsis or meningitis, including the timing of all vaccinations relative to administration of Soliris
 - Other infections (with serious outcomes)
 - All deaths
 - Cases of serious hemolysis and all cases of hemolysis with serious outcomes
 - ii. Soliris use patterns including indication for use;
 - iii. Extent of compliance with RiskMAP requirements such as the percentage of patients that were vaccinated prior to receiving eculizumab and the percentage of patients that were re-vaccinated at 3-year or 10-year intervals (as applicable);
 - iv. Analysis of all cumulative data collected in the Soliris Safety Registry;
 - v. Results from all health care provider and patient surveys, including:
 - Any known data about patients or physicians who refused to participate in the surveys
 - Any known data about survey participants who are considered “lost” (drop-outs).
3. To conduct a randomized, controlled clinical study to assess the effects of anticoagulant withdrawal among PNH patients receiving eculizumab. This study will randomize at least 100 anticoagulated patients to either continue or discontinue anticoagulation therapy. The major outcomes will assess the safety of discontinuation of anticoagulant therapy while continuing eculizumab, especially with respect to providing important evidence regarding major bleeding and that this discontinuation does not increase the risk for occurrence of thrombotic events in these patients. A full study report and data from this study will be submitted to the BLA and may include a label revision, contingent upon the importance of the study results. The study protocol will be submitted to the investigational new drug application (IND) by June 30, 2007 and patient accrual completed no later than June 1, 2009. A final study report will be submitted no later than March 31, 2014.

4. To develop a validated and quantitative assay for the measurement of human anti-human antibodies (HAHA) for the detection of antibody formation to eculizumab. This assay will assess potential immune responses to the whole eculizumab molecule. Description of the validated assay will be submitted to the BLA as a CBE 30 by July 9, 2008.
5. To develop a validated and sensitive assay for the measurement of neutralizing HAHA to eculizumab. Alternatively, Alexion commits to submit documentation to FDA demonstrating with due diligence that a suitable assay could not be feasibly developed and that the assessment of serum lactate dehydrogenase (LDH) is a sufficiently sensitive indicator of the presence of neutralizing antibodies. This information will be submitted to the BLA by July 9, 2008.
6. To utilize samples from the ongoing E05-001 Phase III extension study (approximately 170 patients for at least 2 years) as test samples for the new validated HAHA assays. Alexion will continue to obtain serum samples from those patients who transition from E05-001 to the Soliris Safety Registry, at intervals of no less than one year, and continue this collection process for an additional three years. Sample collection will cease during this additional three year period for patients who terminate eculizumab administration. Additionally, serum samples will be obtained based upon physician reports of suspected loss of eculizumab bioactivity, based upon unanticipated alterations in serum LDH concentrations. All serum samples will be assayed at least annually and the results provided within an annual report to the BLA. Clinical data, to include the results of serum LDH concentrations, will also be obtained from any patients who show evidence of antibody formation. The protocol describing Alexion's plan for responding to this commitment will be submitted by May 1, 2007 and the final study report submitted by January 31, 2011.

Postmarketing Studies not subject to reporting requirements of 21 CFR 601.70.

7. To revalidate the linearity and accuracy of the Osmolality method across the full specification range using a combination of product samples diluted to lower osmolality and product samples spiked with osmolality standards. The revalidation plan will be submitted in advance to FDA for review and endorsement. This information will be submitted to the BLA as a CBE 30 by August 31, 2007.
8. To revalidate the linearity of the IEF method across a load range of [—] The revalidation plan will be submitted in advance to FDA for review and endorsement. This information will be submitted to the BLA as a CBE 30 supplement by August 31, 2007.
9. To revise the IEF method SOP to specify that the method is validated only for a [—]
—> This information will be submitted to the BLA as a CBE 30 by August 31, 2007.

10. To improve and revalidate the existing hemolytic assay. Improvements include increasing the number of sample replicates and qualifying the chicken erythrocytes reagent. The revised method SOP and revalidation plan will be submitted in advance to FDA for review and endorsement. This information will be submitted to the BLA as a CBE 30 by August 31, 2007.
11. To develop a new quantitative biological activity assay to replace the existing hemolytic assay, or submit documentation to FDA demonstrating with due diligence that a suitable assay could not be feasibly developed. This information will be submitted to the BLA by February 29, 2008. Validation of the quantitative biological activity assay will be submitted by July 9, 2008.
12. To provide FDA with a completed drug substance and drug product container closure system leachables evaluation using end-of-shelf-life, long-term 2-8°C stability samples. This information will be submitted to the BLA as a CBE 30 by August 31, 2007.
13. To develop a suitable ~~assay~~ assay and subsequently confirm it ~~on~~ on three drug substance batches. This information will be submitted to the BLA as a CBE 30 by August 31, 2007.

We request that you submit clinical protocols to your IND, with a cross-reference letter to this biologics license application (BLA), STN BL 125166. Submit nonclinical and chemistry, manufacturing, and controls protocols and all study final reports to your BLA, STN BL 125166. Please use the following designators to label prominently all submissions, including supplements, relating to these postmarketing study commitments as appropriate:

- **Postmarketing Study Commitment Protocol**
- **Postmarketing Study Commitment Final Study Report**
- **Postmarketing Study Commitment Correspondence**
- **Annual Status Report of Postmarketing Commitment Studies**

For each postmarketing study subject to the reporting requirements of 21 CFR 601.70, you must describe the status in an annual report on postmarketing studies for this product. The status report for each study should include:

- information to identify and describe the postmarketing commitment,
- the original schedule for the commitment,
- the status of the commitment (i.e. pending, ongoing, delayed, terminated, or submitted),
- an explanation of the status including, for clinical studies, the patient accrual rate (i.e. number enrolled to date and the total planned enrollment), and
- a revised schedule if the study schedule has changed and an explanation of the basis for the revision.

As described in 21 CFR 601.70(e), we may publicly disclose information regarding these postmarketing studies on our Web site (<http://www.fda.gov/cder/pmc/default.htm>). Please refer to the February 2006 Guidance for Industry: Reports on the Status of Postmarketing Study Commitments - Implementation of Section 130 of the Food and Drug Administration Modernization Act of 1997 (see <http://www.fda.gov/cder/guidance/5509f01.htm>) for further information.

Under 21 CFR Part 208, we have determined that this product poses a serious and significant public health concern requiring the distribution of a Medication Guide. Eculizumab is a product for which patient labeling could help prevent serious adverse effects and inform the patient of serious risks relative to benefit that could affect their decisions to use, or continue to use, the product. Therefore, a Medication Guide is necessary for safe and effective use of this product and FDA hereby approves the draft Medication Guide you submitted March 15, 2007. Please note that:

- this Medication Guide must be reprinted at the end of the package insert or accompany it [21 CFR 201.57(c)(18)];
- you are responsible for ensuring that this Medication Guide is available for distribution to every patient who is dispensed a prescription for this product [21 CFR 208];
- the final printed Medication Guide distributed to patients must conform to all conditions described in 21 CFR 208.24, including a minimum of 10 point text; and
- you are responsible for ensuring that the label of each container or package includes a prominent and conspicuous instruction to authorized dispensers to provide a Medication Guide to each patient to whom the drug is dispensed, and states how the Medication Guide is provided.

Please submit within 30 days content of labeling [21 CFR 601.14(b)] in structured product labeling (SPL) format, as described at <http://www.fda.gov/oc/datacouncil/spl.html>, that is identical in content to the enclosed labeling text dated March 16, 2007. Upon receipt and verification, we will transmit that version to the National Library of Medicine for public dissemination.

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80). You should submit postmarketing adverse experience reports to the Central Document Room, Center for Drug Evaluation and Research, Food and Drug Administration, 5901-B Ammendale Road, Beltsville, MD 20705-1266. Prominently identify all adverse experience reports as described in 21 CFR 600.80.

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at www.fda.gov/medwatch/report/mmp.htm.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (21 CFR 600.81).

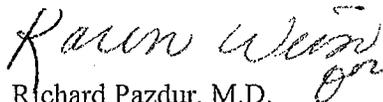
You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves a distributed product, 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 the Division of Compliance Risk Management and Surveillance (HFD-330), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Biological product deviations sent by courier or overnight mail should be addressed to Food and Drug Administration, CDER, Office of Compliance, Division of Compliance Risk Management and Surveillance, HFD-330, Montrose Metro 2, 11919 Rockville Pike, Rockville, MD 20852.

Please submit all final printed labeling at the time of use and include implementation information on FDA Form 356h. Please provide a PDF-format electronic copy as well as original paper copies (ten for circulars and five for other labels). In addition, you may wish to submit draft copies of the proposed introductory advertising and promotional labeling with a cover letter requesting advisory comments to the Food and Drug Administration, Center for Drug Evaluation and Research, Division of Drug Marketing, Advertising and Communication, 5901-B Ammendale Road, Beltsville, MD 20705-1266. Final printed advertising and promotional labeling should be submitted at the time of initial dissemination, accompanied by a FDA Form 2253.

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence to support that claim.

Please refer to <http://www.fda.gov/cder/biologics/default.htm> for information regarding therapeutic biological products, including the addresses for submissions.

Sincerely,



Richard Pazdur, M.D.

Director

Office of Oncology Drug Products

Center for Drug Evaluation and Research

Enclosure: Package Insert
Carton and Vial Labeling
Medication Guide
Patient Safety Card