



BLA 761333/S-008

SUPPLEMENT APPROVAL

Amgen Inc.
Attention: Augustus Kamassah
Director, Global Biosimilars Regulatory Affairs
One Amgen Center Drive, Mail Stop: 28-4A
Thousand Oaks, California 91320-1799

Dear Augustus Kamassah:

Please refer to your supplemental biologics license application (sBLA) received March 11, 2026, and your amendments, submitted under section 351(k) of the Public Health Service Act for BKEMV (eculizumab-aeeb) injection.

We acknowledge receipt of your risk evaluation and mitigation strategy (REMS) assessment dated March 11, 2026.

This Category B Prior Approval sBLA provides for the use of BKEMV for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive and includes modifications to the approved BKEMV REMS to incorporate the NMOSD indication.

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.

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

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 Effectuated” (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.

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.

We have determined that, at this time, no pediatric studies are required under PREA for your sBLA.

RISK EVALUATION AND MITIGATION STRATEGY (REMS) REQUIREMENTS

The REMS for BKEMV was originally approved on May 28, 2024, and the most recent REMS modification was approved on March 26, 2026. 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 Healthcare Provider Safety Brochure, Patient Guide, and REMS Website to include the indication for the treatment of NMOSD in adult patients who are anti-aquaporin-4 (AQP4) antibody positive and additional changes to improve consistency and readability throughout the materials.

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>.

Your proposed modified REMS, submitted on March 11, 2026, amended and appended to this letter, is approved.

The timetable for submission of assessments of the REMS remains the same as that approved on May 28, 2024.

There are no changes to the REMS assessment plan described in our April 18, 2025 letter.

If the methodology for your REMS assessments are not included in the REMS supporting document, or if you propose changes to the submitted methodology, you should update the REMS supporting document to include specific 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 methodology with the following wording in bold capital letters at the top of the first page of the submission:

BLA 761333 REMS ASSESSMENT METHODOLOGY

(insert concise description of content in bold capital letters, e.g.,

SURVEY METHODOLOGIES, AUDIT PLAN, NONCOMPLIANCE PLAN, DRUG USE STUDY)

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, 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 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.*

An unbranded biological product under this BLA must have an approved REMS prior to marketing. Should you decide to market, sell, or distribute an unbranded biological product under this BLA, contact us to discuss what will be required in the unbranded biological product REMS submission.

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 761333 REMS ASSESSMENT

or

**NEW SUPPLEMENT FOR BLA 761333 / S-000
CHANGES BEING EFFECTED IN 30 DAYS
PROPOSED MINOR REMS MODIFICATION**

or

**NEW SUPPLEMENT FOR BLA 761333 / S-000
PRIOR APPROVAL SUPPLEMENT
PROPOSED MAJOR REMS MODIFICATION**

or

**NEW SUPPLEMENT FOR BLA 761333 / 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 761333 / 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 761333

To facilitate review of your submission, we request that you submit your proposed modified REMS and other REMS-related materials in Microsoft Word and PDF format. If certain documents, such as enrollment forms, or website screenshots are only in PDF format, they may be submitted as such, but Word and PDF format are 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 Submissions 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.

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

Sincerely,

{See appended electronic signature page}

Laura Jawidzik, MD
Division Director
Division of Neurology 2
Office of Neuroscience
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURE(S):

- 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/

LAURA A JAWIDZIK
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