

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

214927Orig1s000

Trade Name: Miplyffa (arimoclomol) capsules

Generic or Proper Name: Arimoclomol citrate

Sponsor: Zevra Denmark A/S

Approval Date: September 20 , 2024

Indication: MIPLYFFA is indicated for use in combination with miglustat for the treatment of neurological manifestations of Niemann-Pick disease type C (NPC) in adult and pediatric patients 2 years of age and older

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APPLICATION NUMBER:

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APPROVAL LETTER

NDA 214927

NDA APPROVAL

Zevra Denmark A/S
c/o Zevra Therapeutics, Inc.
Attention: Gerald J. Orehostky
SVP, Regulatory Affairs and Quality
1180 Celebration Blvd, Suite 103
Celebration, FL 34747

Dear Gerald J. Orehostky:

Please refer to your new drug application (NDA), dated and received July 17, 2020, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Miplyffa (arimoclomol) capsules.

We acknowledge receipt of your amendment dated December 21, 2023, which constituted a complete response to our June 17, 2021, action letter.

We acknowledge receipt of your major amendment dated January 29, 2024, which extended the goal date by three months.

This NDA provides for the use of Miplyffa (arimoclomol) capsules in combination with miglustat for the treatment of neurological manifestations of Niemann-Pick disease type C (NPC) in adults and pediatric patients 2 years of age and older.

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 the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Instructions for Use) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST

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

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.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *SPL Standard for Content of Labeling Technical Qs & As*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 214927.**” Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Miplyffa (arimoclomol) shall be 60 months from the date of manufacture when stored at 20°C to 25°C (68°F to 77°F).

RARE PEDIATRIC DISEASE PRIORITY REVIEW VOUCHER

We also inform you that you have been granted a rare pediatric disease priority review voucher, as provided under section 529 of the FDCA. This priority review voucher (PRV) has been assigned a tracking number, PRV NDA 214927. All correspondences related to this voucher should refer to this tracking number.

This PRV entitles you to designate a single human drug application submitted under section 505(b)(1) of the FDCA or a single biologics license application submitted under section 351(a) of the Public Health Service Act as qualifying for a priority review. Such an application would not have to meet any other requirements for a priority review. The list below describes the sponsor responsibilities and the parameters for using and transferring a rare pediatric disease priority review voucher.

- The sponsor who redeems the PRV must notify FDA of its intent to submit an application with a PRV at least 90 days before submission of the application and must include the date the sponsor intends to submit the application. This notification should be prominently marked, “Notification of Intent to Submit an Application with a Rare Pediatric Disease Priority Review Voucher.”

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>.

- This PRV may be transferred, including by sale, by you to another sponsor of a human drug or biologic application. There is no limit on the number of times that the PRV may be transferred, but each person to whom the PRV is transferred must notify FDA of the change in ownership of the voucher not later than 30 days after the transfer. If you retain and redeem this PRV, you should refer to this letter as an official record of the voucher. If the PRV is transferred, the sponsor to whom the PRV has been transferred should include a copy of this letter (which will be posted on our Web site as are all approval letters) and proof that the PRV was transferred.
- FDA may revoke the PRV if the rare pediatric disease product for which the PRV was awarded is not marketed in the U.S. within 1 year following the date of approval.
- The sponsor of an approved rare pediatric disease product application who is awarded a PRV must submit a report to FDA no later than 5 years after approval that addresses, for each of the first 4 post-approval years:
 - the estimated population in the U.S. suffering from the rare pediatric disease for which the product was approved (both the entire population and the population aged 0 through 18 years),
 - the estimated demand in the U.S. for the product, and
 - the actual amount of product distributed in the U.S.

You may also review the requirements related to this program by visiting FDA's Rare Pediatric Disease Priority Review Voucher Program web page.³

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 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.

³ <https://www.fda.gov/industry/developing-products-rare-diseases-conditions/rare-pediatric-disease-rpd-designation-and-voucher-programs>

**POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS
UNDER SECTION 506B**

We remind you of your postmarketing commitment:

PMC 4699-1 Conduct a clinical drug interaction trial to assess the effect of concomitant administration of arimoclomol on the pharmacokinetics (PK) of miglustat and the effect of concomitant administration of miglustat on the PK of arimoclomol. Design and conduct the trial in accordance with the FDA guidance for industry *Clinical Drug Interaction Studies — Cytochrome P450 Enzyme- and Transporter-Mediated Drug Interactions* (January 2020).

The timetable you submitted on September 6, 2024, states that you will conduct this trial according to the following schedule:

Draft protocol submission:	03/2025
Final protocol submission:	09/2025
Trial completion:	09/2026
Final report submission:	09/2027

A final submitted protocol is one that the FDA has reviewed and commented upon, and you have revised as needed to meet the goal of the study or clinical trial.

Submit clinical protocols to your IND 124547 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients/subjects entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled **“Postmarketing Commitment Protocol,” “Postmarketing Commitment Final Report,” or “Postmarketing Commitment Correspondence.”**

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

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

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.⁵ Information and Instructions for completing the form can be found at FDA.gov.⁶

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

POST APPROVAL FEEDBACK MEETING

New molecular entities qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standards for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website.⁷

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

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

⁷ <https://www.uspnf.com/>

If you have any questions, contact Jenny Doan, Regulatory Project Manager, at (301) 796-1023 or Jenny.Doan@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Janet W Maynard, MD, MHS
Director
Office of Rare Diseases, Pediatrics,
Urologic and Reproductive Medicine
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Instructions for Use
- Carton and Container Labeling

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/

JANET W MAYNARD
09/20/2024 08:57:05 AM