



**Food and Drug Administration Advisory Committee Member
Acknowledgment of Financial Interests**

Name of Advisory Committee Member: **Robert C. Alexander, M.D.**

Committee: **Peripheral and Central Nervous System Drugs Advisory Committee**

Meeting Date: **March 22, 2023**

I acknowledge that contingent upon public disclosure of the following financial interest related to the agenda item described below, I may be considered for participation in the advisory committee meeting.

The committee will discuss new drug application (NDA) 215887, for tofersen (BIIB067) intrathecal injection, submitted by Biogen Inc., for the treatment of amyotrophic lateral sclerosis (ALS) associated with a mutation in the superoxide dismutase 1 (SOD1) gene.

<u>Type of Interest</u>	<u>Nature</u>	<u>Magnitude</u>
I. Personal/Immediate Family		
Stock/investment	Stock holding in competing firm, (b) (6).	\$100,000 - \$150,000
II. Other Imputed Interests		
None		

I hereby request that FDA make this information publicly available on my behalf if the agency grants a waiver allowing me to participate in the meeting described above. I understand that without public disclosure of these interests, I will not participate in the advisory committee meeting described above.

_____/s/_____
Signature

_____/2/10/2023_____
Date