NDA Number	761097/s-32
Submission Date	4/30/2025
PDUFA Goal Date	October 29, 2025
Review Completion Date	October 29, 2025
Submission Type	Labeling supplement
Trade Name	LIBTAYO
Generic Name	Cemiplimab-rwlc
Dosage Form and Strength	350 mg/7 mL (50 mg/mL) solution in
Route of Administration	Injection, for intravenous use
Applicant	Regeneron Pharmaceuticals, NC.
Associated IND	127100
Recommended Regulatory Action	Approval

1. Executive Summary

On April 30, 2025, Regeneron Pharmaceuticals, Inc. (Regeneron) submitted this supplemental New Drug Application (sNDA) under NDA application 761097 s-32 to request Pediatric Exclusivity for cemiplimab and to update the USPI for cemiplimab based on the finding from Study 1690 (see below for details).

FDA's review team agrees that the terms of the Written Request (WR) have been fulfilled and with granting Pediatric Exclusivity for cemiplimab (refer to documentation under the BLA file) in addition to the updated labeling changes.

2. Background

BLA 761097 for cemiplimab is indicated for the treatment of patients with cutaneous squamous cell carcinoma (CSCC), basal cell carcinoma (BCC), and non-small cell lung cancer (NSCLC).

On April 15, 2025, FDA issued a WR to Regeneron for the potential use of cemiplimab in the treatment of pediatric patients with advanced solid tumors as well as pediatric patients with high grade central nervous system tumors, specifically high-grade gliomas (HGGs) and diffuse intrinsic pontine gliomas (DIPGs). Regeneron submitted its formal acceptance to the WR on April 21, 2025.

3. Review

The following was submitted by Regeneron in support of this supplement:

> Clinical Study Report for Study 1690 entitled, "A Safety and Pharmacokinetic Study of Single Agent REGN2810 in Pediatric Patients with Relapsed or Refractory Solid or Central Nervous System (CNS) Tumors and a Safety and Efficacy Trial of REGN2810 in Combination with Radiotherapy in Pediatric Patients with Newly Diagnosed Diffuse Intrinsic Pontine Glioma, Newly Diagnosed High-Grade Glioma, or Recurrent High-Grade Glioma"

Regeneron proposes the following changes to the USPI for cemiplimab as follows:

Section 8.4 Pediatric Use

(b) (4)

Clinical

Based on the WR, pharmacokinetic and safety data from Study 1690, supported by data from studies in adults, were used to assess the dosing and safety of cemiplimab in the pediatric patient population. Study 1690 was an open-label, dose escalation and expansion study of cemiplimab to determine the safety and recommended phase 2 dose (RP2D) of cemiplimab as monotherapy and in combination with radiation therapy (RT). Dose finding was conducted separately in patients <12 years of age and ≥ 12 years of age.

The dose escalation phase of Study 1690 evaluated the safety, pharmacokinetics, and RP2D of cemiplimab-rwlc monotherapy in separate cohorts of patients with solid tumors and patients with CNS tumors. The dose expansion phase was an activity-estimating phase with a safety run-in to determine the safety of cemiplimab-rwlc in combination with radiation, conducted in patients with newly diagnosed DIPG, newly diagnosed HGG, and recurrent HGG.

At the time of study closure, 65 patients had been screened, and 57 patients had been enrolled and received at least 1 dose of cemiplimab. Study 1690 met its futility criteria and was closed early for all efficacy cohorts. No new important safety signals were identified. Overall, cemiplimab concentrations in serum were similar in pediatric patients with solid tumors and with CNS tumors and when given as monotherapy or in combination with radiotherapy.

Cemiplimab immunogenicity was low (4.3% treatment-emergent ADA), in pediatric patients with solid tumors or CNS tumors and of low titer and no Nabs. Immunogenicity did not affect cemiplimab concentrations in serum.

Labeling Changes

The proposed labeling statements (above) were revised to limit the information to what was necessary to guide prescribers considering labeling Guidance and FDA labeling policy.

The following are the final, agreed upon changes to the USPI for cemiplimab:

Section 8.4 Pediatrics

> The safety and efficacy of LIBTAYO as a single agent (Part 1, N=25) or in combination with radiation therapy (Part 2, N=22) were evaluated but not established in a two-part, open-label, multi-center trial (Study 1690, NCT03690869) in pediatric patients (birth to < 17 years) with relapsed or refractory solid tumors (Part 1) or relapsed or refractory CNS tumors (Parts 1 and 2) or newly diagnosed CNS tumors (Part 2). No new safety signals were observed in these pediatric patients.
>
> Cemiplimab exposure in 46 pediatric patients aged 1 to < 17 years was within the range of values previously observed in adults given a similar dose based on body weight.

Recommended Regulatory Action
The clinical team recommends approval of the agreed upon changes to the USPI for cemiplimab and granting Pediatric Exclusivity to cemiplimab.

APPEARS THIS WAY ON ORIGINAL

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/

LESLIE A DOROS
10/29/2025 11:57:56 AM

STEVEN J LEMERY
10/29/2025 12:03:23 PM