

# Changing The Course of NPC: Long-term Evidence for Disease Modification in a Heterogenous Population

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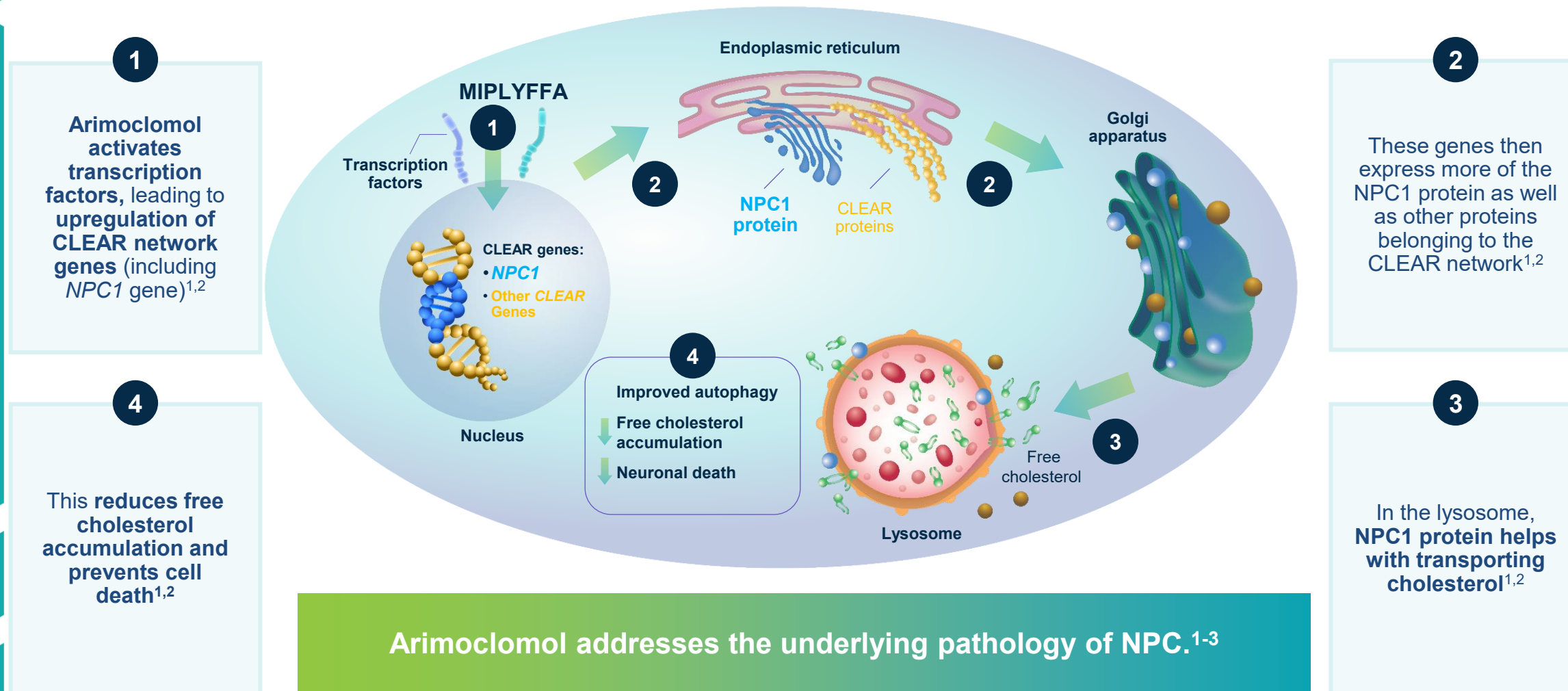
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## Disclaimer

- Eugen Mengel has received investigator fees and/or consultant honoraria from Cyclo Therapeutics, Amicus, Idorsia, Intrabio, Denali, JCR, Prevail, Freeline Therapeutics, Alexion, Zevra, Sanofi Genzyme, and Takeda.

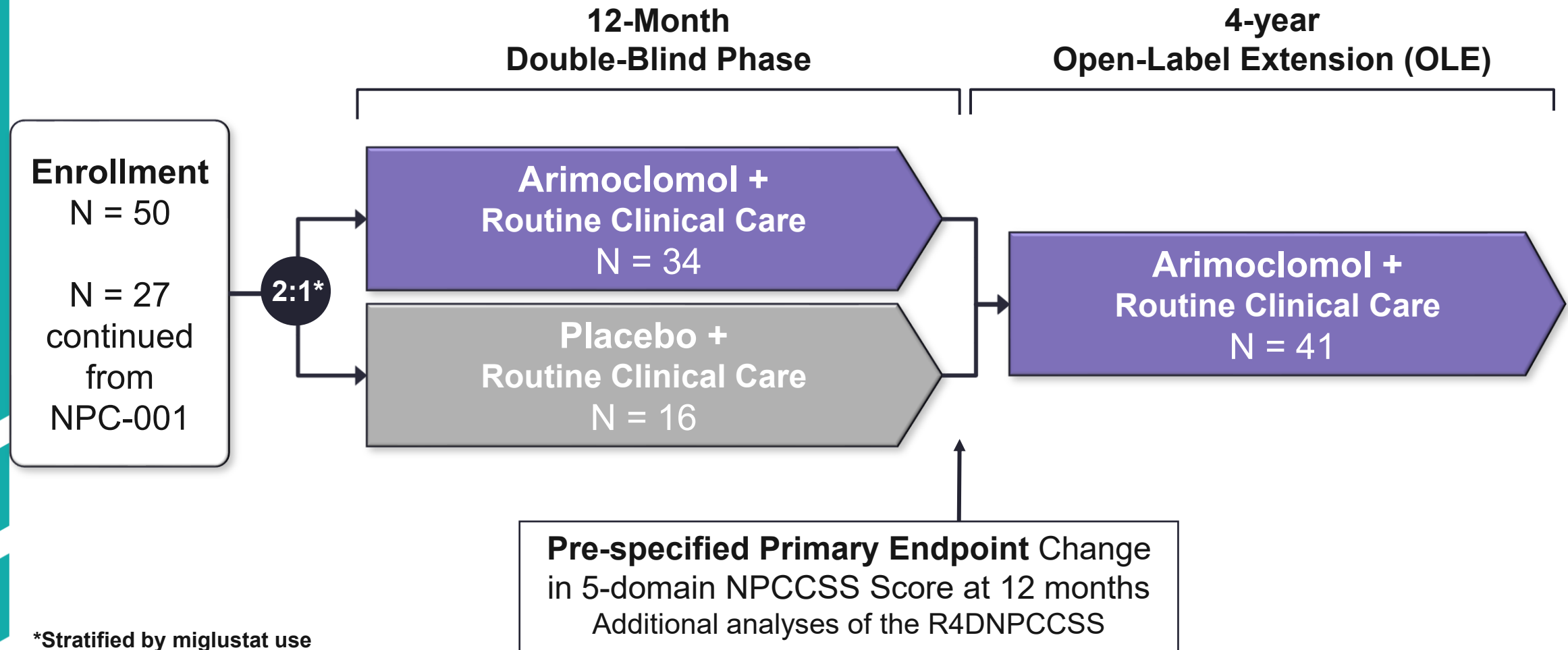
# Arimoclomol Improves Lysosomal Function in NPC<sup>1</sup>



CLEAR, coordinated lysosomal expression and regulation; ER, endoplasmic reticulum.

1. Data on file. Zevra Therapeutics, Inc. 2. Shamas H, et al. *Mol Genet Metab*. 2025;145(1):109103. 3. Mengel E et al. *J Inherit Metab Dis*. 2021;44(6):1463-1480.

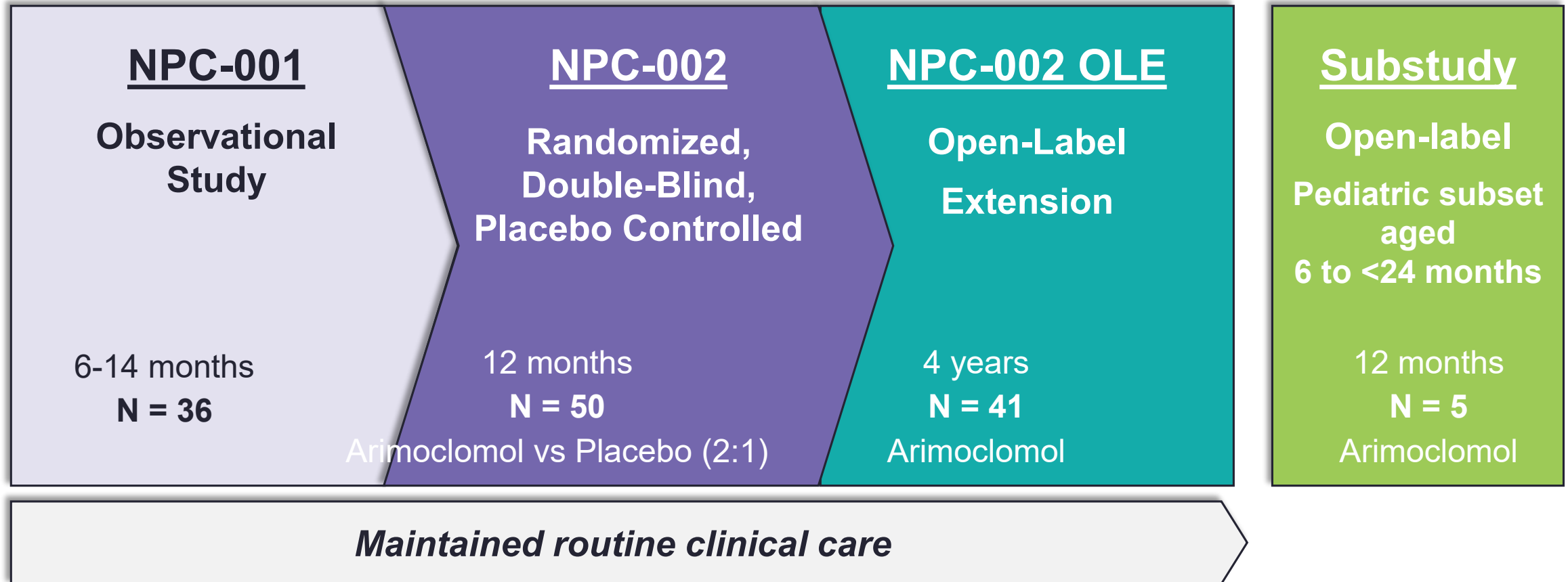
# Design of Pivotal Study 002 and Open-Label Extension<sup>1-3</sup>



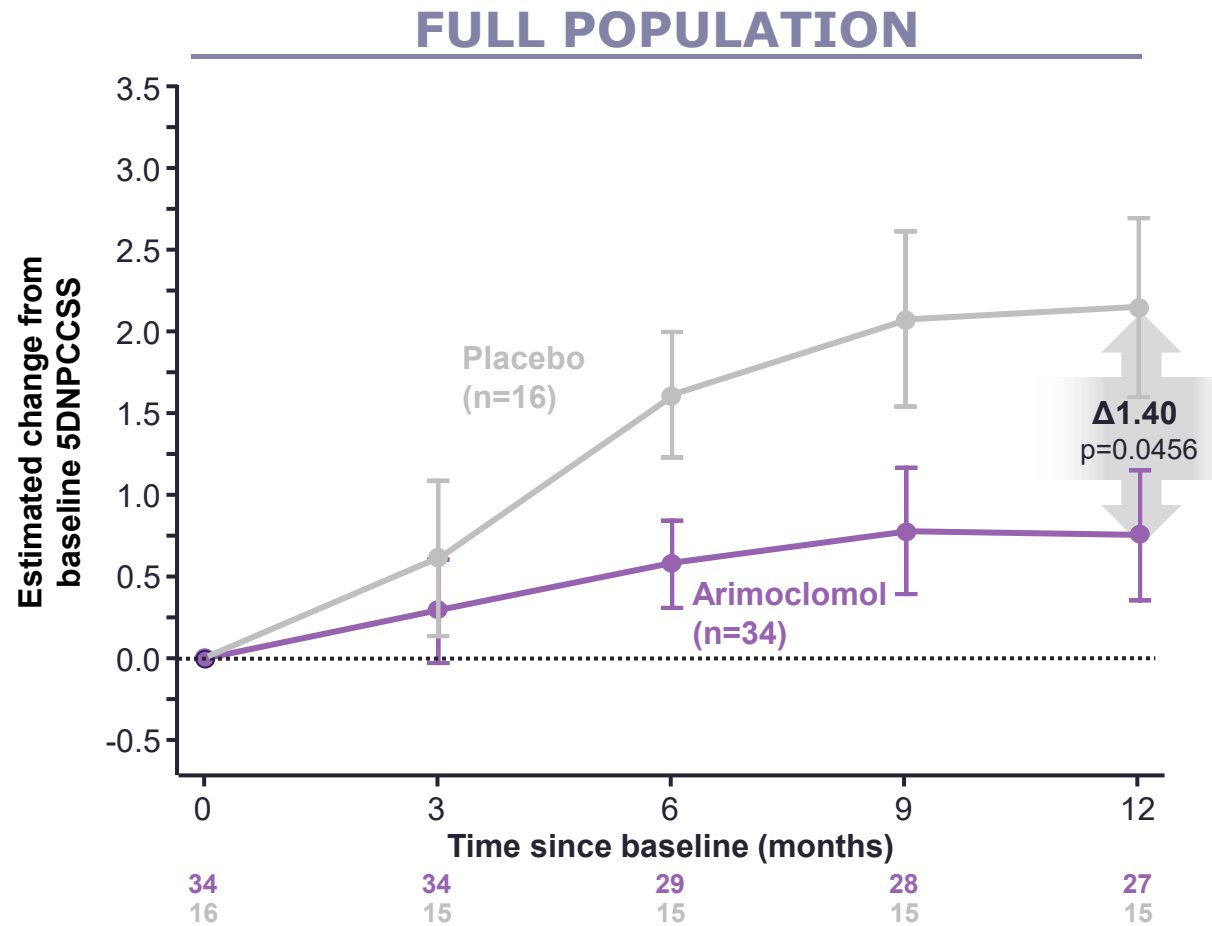
\*Stratified by miglustat use

**NPCCSS: Niemann Pick Disease Clinical Severity Scale**

# Arimoclomol Clinical Program Designed for a Broad NPC Population



# Study NPC-002 Met the Pre-specified 5DNPCCSS Primary Endpoint<sup>1</sup>



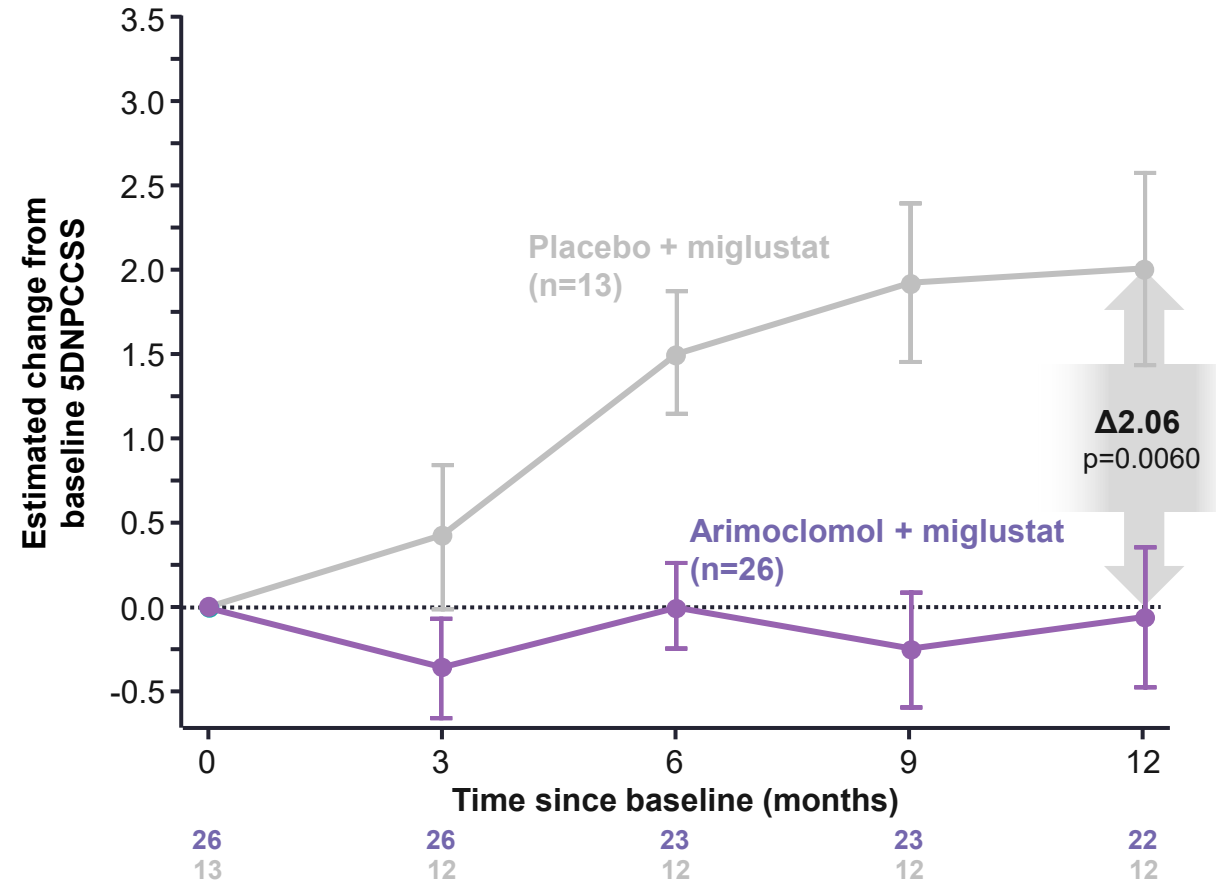
**Arimoclomol demonstrates clinically relevant slowing of disease progression in the primary analysis**

A treatment difference of  $\geq 1$  is a clinically meaningful change<sup>2</sup>

# Study NPC-002 - 5DNPCCSS

## Participants on Concomitant Miglustat<sup>1</sup>

### Participants ON CONCOMITANT MIGLUSTAT



**Arimoclomol demonstrates a highly significant slowing of disease progression compared with placebo in those participants taking miglustat as part of routine clinical care**



# Adverse Events Were Generally Mild to Moderate in Severity, and Few Led to a Withdrawal of Treatment

| Adverse Reaction                   | MIPLYFFA<br>with miglustat<br>n=26<br>n (%) | Placebo<br>with miglustat<br>n=13<br>n (%) |
|------------------------------------|---|--|
| Upper respiratory tract infection* | 8 (31)                                      | 2 (15)                                     |
| Diarrhea                           | 6 (23)                                      | 3 (23)                                     |
| Decreased weight                   | 4 (15)                                      | 0  |
| Decreased appetite                 | 3 (12)                                      | 0  |
| Tremor                             | 3 (12)                                      | 0  |
| Urticaria**                        | 3 (12)                                      | 0  |
| Headache                           | 3 (12)                                      | 1 (8)                                      |
| Lower respiratory tract infection  | 3 (12)                                      | 1 (8)                                      |
| Seizure                            | 3 (12)                                      | 1 (8)                                      |

**Common adverse reactions occurring in  $\geq 8\%$  of patients treated with MIPLYFFA and more frequently than in patients receiving placebo<sup>†</sup>**

\*Upper respiratory tract infection: combined incidence of upper respiratory tract infection and rhinitis.

\*\*Urticaria: Includes one patient in which urticaria occurred alone (3%) and two patients who had urticaria with angioedema (6%).

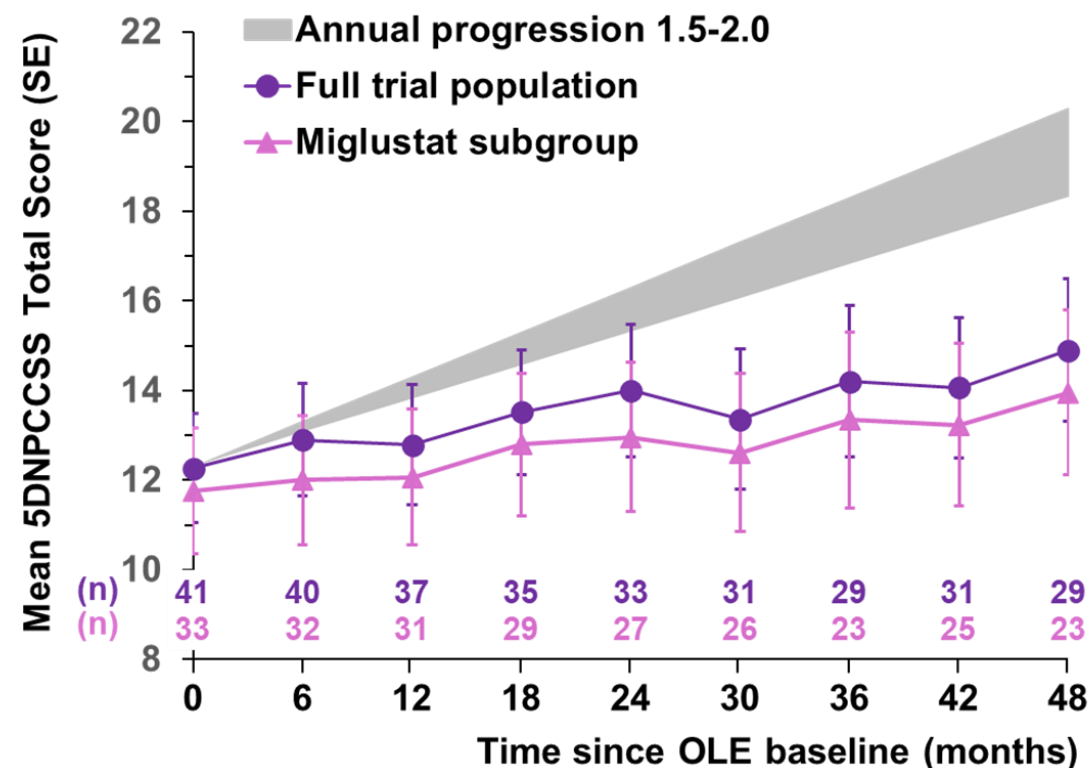
<sup>†</sup>Placebo subgroup also received miglustat.



# Arimoclomol has Demonstrated Long-Term Effectiveness of up to 5 years<sup>1,2</sup>

## Continued effectiveness in open-label extension (OLE)

- Observed disease severity progressed slowly over the 48 months, with a stepwise progression pattern<sup>2</sup>
- Expected annual progression based on natural history and double-blind phase = 1.5-2.0 pts<sup>1,3-4</sup>



Error bars: standard error of the mean

# Arimoclomol was Well-Tolerated with No New Safety Signals Observed over 4 Years<sup>1</sup>

The overall pattern of frequently reported AEs was stable over the 48 months and consistent with observations from the double-blind phase of the trial.

- 38 (93%) of any AE
- 15 (37%) severe or serious AEs
- 4 (10%) AEs leading to treatment discontinuation\*
- 2 (5%) AEs with fatal outcome due to disease progression

**The 3 most common AEs were:**

| MIPLYFFA<br>with miglustat<br>N=41<br>n (%) |                   |
|---|-------------------|
| Diarrhea                                    | <b>10 (24.4%)</b> |
| Upper respiratory tract infection           | <b>10 (24.4%)</b> |
| Nasopharyngitis (common cold)               | <b>8 (19.5%)</b>  |

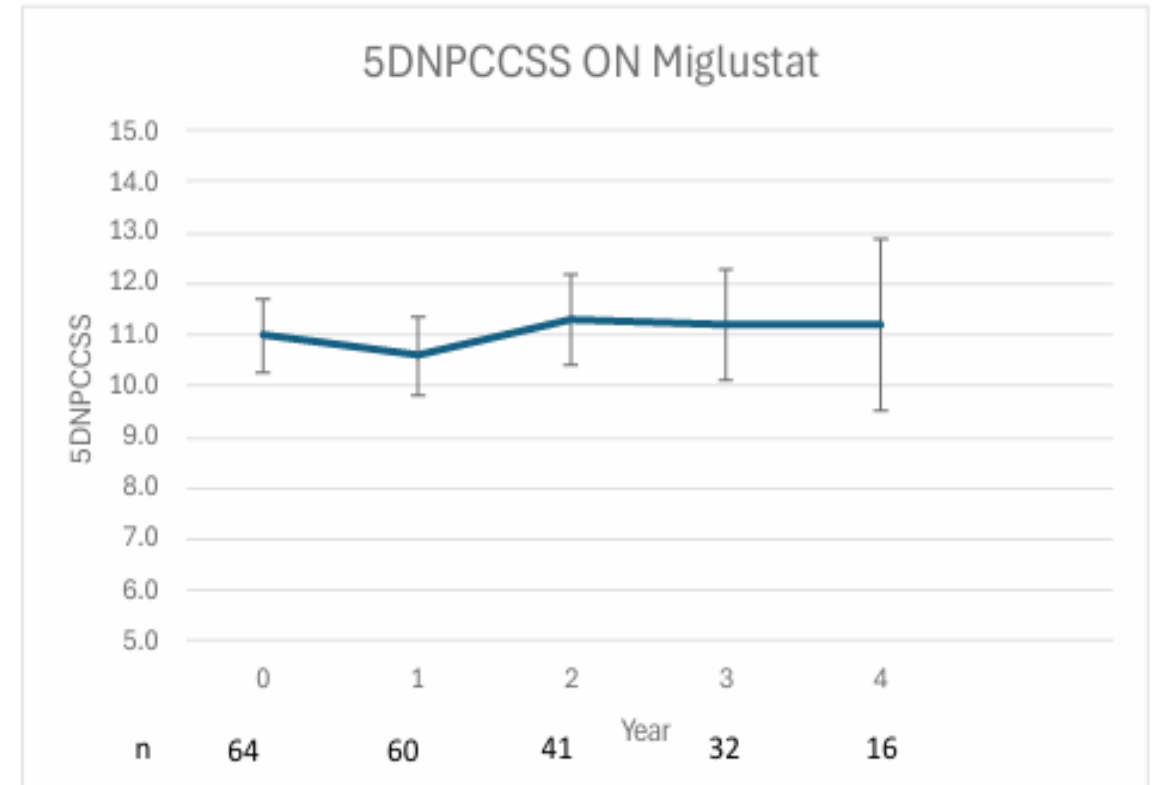
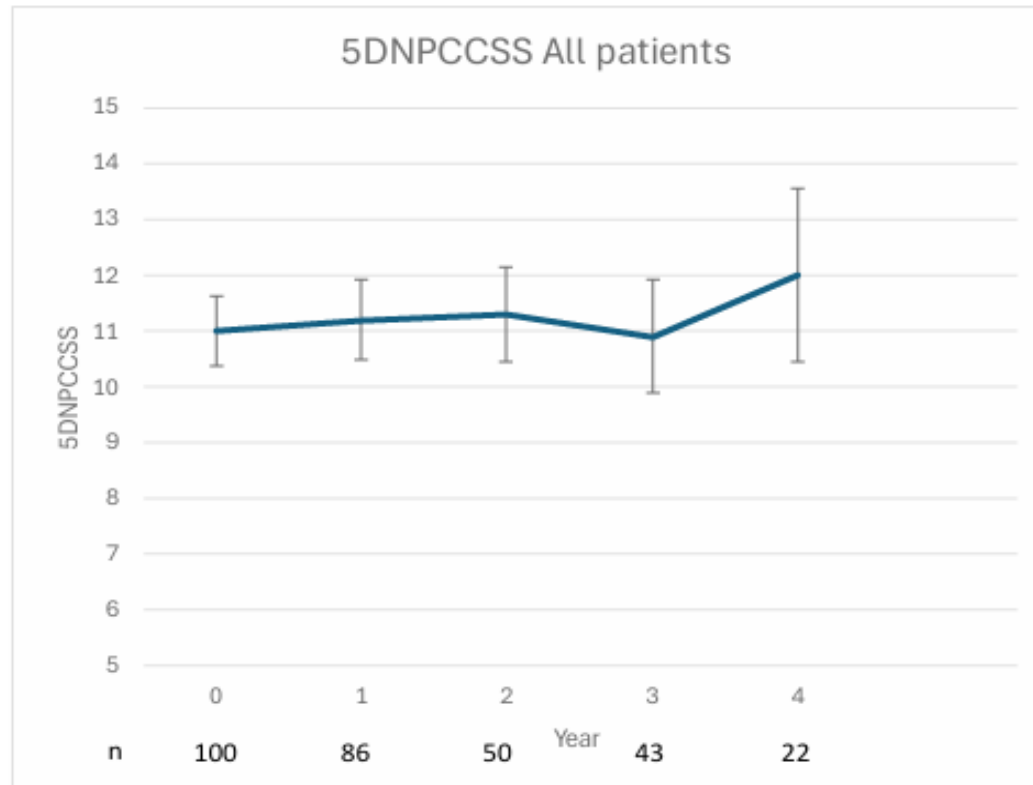
N=number of patients in the extension analysis set; n=number of patients with event; %=percentage of patients with event.

\*2 patients discontinued due to safety and 2 discontinued due to physician decision.

AE=adverse event

# US Expanded Access Program Effectiveness

The US EAP included NPC patients ages 2 - 64.5



- There were 248 AEs with 241 being classified as treatment-emergent (TEAEs)

## Pediatric Sub-Study

**The pediatric sub-study was conducted to assess the safety and tolerability of arimoclomol treatment in children under 2 years of age with NPC.**

- 5 patients, aged 14–23 months, all receiving miglustat treatment were included up to 36 months.
- Of 108 AEs reported, majority were mild and resolved and unrelated to arimoclomol.
- Most reported AEs were fever, cough, common cold, and vomiting
- 2 events in 1 patient (elevated liver enzymes) assessed as probably related to arimoclomol led to withdrawal of treatment.

**Efficacy was measured using the Bayley III score for child development.**

- 1 patient gained developmental skills, 2 patients were stable, 1 patient declined, and 1 patient only had the baseline visit.
- In conclusion Arimoclomol was well-tolerated in these very young patients

# Summary

- Arimoclomol addresses the underlying pathology of NPC
- Arimoclomol has established effectiveness across the 12-month clinical trial, 4-year open label extension, and US Expanded Access Program datasets
- Arimoclomol is well tolerated with no new safety signals across long-term studies through 5 years
- Arimoclomol was well tolerated in children ages 14-23 months in the pediatric substudy

Zevra would like to thank all the participants, families & caregivers, clinical sites & staff who participated in our clinical trials and expanded access programs globally