



CALL TO ACTION

We, the Belgian Association for Friedreich's Ataxia and Other Hereditary Ataxias (ABAF), are active in Belgium since 2001. Under the direction of its scientific council, our Association continuously raises funds to finance research projects, collaborates in medical studies, aims to promote information about FA. We also are member of Euro-ataxia, and we partner with FARA as well as other large French and European rare disease organizations.

It is important for drug and biologic sponsors and the FDA as well as the EMA, to hear the voices of rare disease communities and to know that these patients and their family members do engage in understanding the data from clinical trials in making decisions about safety and efficacy. Patients and caregivers provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day.

The ABAF has had the opportunity to review the results of the MOXIe studies and as our stakeholders are individuals living with FA we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making. It is based on these understandings and beliefs that ABAF supports the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We believe that we are at an important inflection point in FA drug development with a positive clinical result and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies, ex-US, where there are individuals with FA who are living.

We thank Reata and the FDA for their urgent review of the present letter, and we respectfully request that both organizations work together to provide access to Omaveloxolone for people with FA as soon as possible.

Caroline Decarpentrie, présidente

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CALL TO ACTION

to REATA and the U.S.FDA (Food and Drug Administration)

We, the **Association Française de l'Ataxie de Friedreich (AFAF)**, active in France since 1980, bring together more than 1000 members, including Friedreich's Ataxia (FA) patients and their parents and families. Under guidance of its scientific board, our Association continuously raises funds in order to finance research projects, collaborates to medical studies, aims to promote information about FA and its medical surveillance to health care providers, and brings social and psychological support to patients and their family. We also are member of Eurordis, Euro-ataxia, Orphanet, the French Rare Disease Alliance, and we partner with FARA as well as other large French and European Rare Disease Organizations.

It is important for drug and biologic sponsors, the FDA as well as the European Medical Agency (EMA), to hear the voices of rare disease communities and to know that these patients and their family members do engage in understanding the data from clinical trials and in making decisions about safety and efficacy. Patients and caregivers provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day.

The AFAF has had the opportunity to review the results of the MOXIe studies and as our stakeholders are individuals living with FA we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making. It is based on these understandings and beliefs that AFAF supports the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action.

This call to Action therefore requests Reata to submit a New Drug Application (NDA) on an urgent basis and the FDA to exercise the flexibility granted by law, and contained in FDA guidance, in considering approval of the NDA for Omaveloxolone in FA, based on the existing evidence from clinical trials.

While we respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations

of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We believe that we are at an important inflection point in FA drug development with a positive clinical result and that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could also help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies, outside the US, where individuals with FA are living. Specifically, we believe that FDA decisions will strongly influence the arbitrage of the European Medical Agency, which granted orphan designation to Omaveloxolone in 2018.

We thank Reata and the FDA for their urgent review of the present letter, and we respectfully request that both organizations work together to provide access to Omaveloxolone for people with FA as soon as possible.

January 15th 2021

Dr. Juliette DIEUSAERT, présidente



ASSOCIAZIONE ITALIANA PER LA LOTTA ALLE SINDROMI ATASSICHE



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Reata Pharmaceuticals
U.S. Food and Drug Administration

I write on behalf of the AISA Association that I represent and of the patients who refer to us.

A.I.S.A. is a Volunteer Organization and operates in the social and health field to encourage and promote research on all types of Ataxia, and strives to support ataxia patients and their families, by helping them in solving the problems arising from the onset of the disease.

AISA is an ONLUS association, registered in Registro del Terzo Settore (formerly Registri del Volontariato), it is part of EUROATAXIA which brings together the organizations that deal with Ataxia in Europe, of F.I.S.H. (Federazione Italiana per il Superamento dell'Handicap - Italian federation for overcoming disability) of FAND (Federazione Associazioni Nazionali Disabili – national federation of associations for people with disabilities), of Consulta Malattie Rare dell'ISS (Rare Diseases Consultation of ISS) and belongs and collaborates with associations linked to Telethon.

Patients and their caregivers inform us about the level of uncertainty and risk they face living with ataxia. AISA had the opportunity to review the results of the MOXIe studies, a multicenter MOXI-1 trial also conducted at the Besta Neurological Institute of Milan, that has proven effective in treating Friedreich's ataxia. Since our stakeholders are individuals living with FA, we believe it is important to facilitate opportunities for direct patient involvement and to incorporate their experience in the interpretation of results and decision making.

AISA supports FARA's efforts and the FA Community Call to Action and asks REATA to urgently submit a new drug application (NDA) to exercise the flexibility granted by law and contained in the FDA guidelines, in considering the approval of an NDA for Omaveloxolone in FA, based on existing evidence from clinical trials.

While we adhere to the FDA's processes in approving drugs and biologics, it is important that the FDA appreciates that time is of the essence in their data assessments for rare diseases. Each passing day for these patients is a day of further functional loss. For all diseases, and in particular rare diseases, laws and regulations allow for a collaborative review process in which patients and health care professionals have an equal seat at the table to describe their experiences with the disease and with taking the drug or biologics.

We believe we are at an important inflection point in the development of drugs for FA with positive clinical outcomes and we believe we need to gain clarity on the guidelines for the level of evidence needed to approve new drugs for FA. This guidance could help inform similar decisions for related rare diseases, particularly other inherited ataxias, and/or could influence similar decisions by other regulatory bodies where people with Ataxia live.

AISA thanks Reata and the FDA and asks to work together to provide access to OMAV to people living with FA as soon as possible.

With Best Regards,
Maria Litani

President of AISA National ODV

Sestri Levante Ge/ January 17, 2021



We at Ataxia Canada represent over 800 Friedreich's Ataxia patient and families affected and our mission is to improve the well-being of people with s familial ataxia and support research. We have been funding research into FA since 1972 with the works of Dr. Barbeau.

It is important for drug and biologic sponsors and the FDA to hear the voices of rare disease communities and to know that these patients and their family members do engage in understanding the data from clinical trials in making decisions about safety and efficacy. Patients and caregivers provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day.

Ataxia Canada has had the opportunity to review the results of the MOXIe studies and as our stakeholders are individuals living with FA we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making. It is based on these understandings and beliefs that we supports the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we always respect the FDA's processes in approving drugs and biologics, it important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We believe that we are at an important inflection point in FA drug development with a positive clinical results and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies, ex-US, where there are individuals with FA are living.

We thank Reata and FDA for their urgent review of the letter, especially the patient testimonies and request that they work together to provide access to omav for people with FA as soon as possible.

Francois-Olivier Théberge
General Manager



15th January 2021

RE: Letter in support of campaign to approve Omaveloxolone

Ataxia UK is the leading patient organisation supporting those affected with ataxia in the UK. The charity was established over fifty years ago as the Friedreich's ataxia group, and has a membership consisting of people with a range of ataxias including Friedreich's ataxia (FA). Ataxia UK provides support and information to families, and importantly actively engages in research activities by funding projects, facilitating and promoting research to find treatments for this group of rare conditions.

As one of the sites for the MOXIe study was in the UK (at the London Ataxia Centre accredited by Ataxia UK) we have been supporting the dissemination of information about the study to our community and assisted in the recruitment process. There has been much interest in the UK in this trial at the various stages, and in particular, when the topline results were first announced just over a year ago.

We are submitting this letter to give a voice to FA patients and carers in the UK and we are aware that the FDA and the sponsor recognise the importance of this input. FA is a progressive condition with no current approved treatment and consequently the availability of interventions that have the ability to slow progression is urgent. Patients and caregivers provide important insight on the level of risk and uncertainty that they are willing to take, as they live with the condition daily.

Ataxia UK agrees with the Friedreich's Ataxia Research Alliance that Omaveloxolone has the potential to benefit Friedreich's ataxia patients as demonstrated by clinical trials to date, and that these trials could be considered sufficient to allow the drug to be used by neurologists for their patients. Although the MOXIe trial did not include a very large number of participants, it is important to consider the rarity of the condition. We would support the continued data collection in order to determine the long-term effects of the drug in patients, whilst not stopping patients from access to a drug that has shown efficacy in the trials to date. We therefore support the efforts of the Friedreich's Ataxia Research Alliance and the global FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

The FDA's decision has important implications for decisions to be made in the future by regulators outside the US and we are keen for the decision for approval of this drug be also extended to the UK, Europe etc. in due course.

We thank you for your consideration of this important issue.

Yours sincerely,



Julie Greenfield, PhD.
Head of Research



Sue Millman
CEO



Professor Barry Hunt
Trustee



William Littleboy.
Co-Chair of Trustees



Richard Brown
Co-Chair of Trustees

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office@ataxia.org.uk www.ataxia.org.uk Co-chairs: Richard Brown and William Littleboy Chief Executive:
Sue Millman Patrons: Kim Wilde Dom Joly Paul Coia Prof Bob Williamson Jamie Raven James Moore
Ataxia UK is a Charity registered in Scotland (SC040607) & England & Wales (1102391); & Limited
Company (4974832)

To:
U.S. Food and Drug Administration

Dear Leadership Team,

I am the head of the Brazilian community of FA patients and have been able to identify and register more than 540 patients in my country since my younger son was diagnosed with the same syndrome. We currently are the second largest FA population in the world.

Having an FAer in the family and interacting daily with at least 250 patients and parents bonded in an online group gave me enough personal experience to feel the impact of this devastating disease and raise the hope for a medication that can bring relief to such great pain. I have my experience as a mother and as a community leader but I am also a witness to the benefits omaveloxolone (omav) can bring to our children.

My son is one of the two Brazilian patients who had the opportunity to be part of the MOXIe Part 2 clinical trial and continues to get his medication in the current open label extension. I can confidently say that the evidence of his improvement is clear and without question. His gait and motor coordination improved, his fatigue was dramatically reduced, and his speech is much more clear. The benefits omav brought to him are unquestionable, visible and measurable.

My son was fortunate to have had this great opportunity, but there are literally thousands of FAers scattered around the world, many in the Third World, who didn't have the same good fortune and may never if the FDA doesn't give them this opportunity. I am from that part of the world and can guarantee that these patients have almost no access to the minimum care that could bring them more comfort and better quality of life. The FDA's approval of rare disease medications has the magical power of shortening approval time in the regulatory agencies in many countries throughout the world.

The disease has no boundaries, and the lack of any treatment makes the need for omav approval even more urgent by the simple fact that most FApatients cannot wait for another two years for a second full clinical trial to be planned and completed. Their needs should be addressed now because every minute of their shortened timeline counts. I absolutely trust the numbers behind the MOXIe trial because I can see them reflected in my son's progress. I hope my testimony will be taken into consideration and that you make the best decision on behalf of the FA community of the world.

Amalia Maranhao

Coordinator of the social movement Ataxia de Friedreich Brasil, chairwoman and president of Abahe - Brazilian Association of Hereditary Ataxias

We the Friedreich Ataxia Lebanese Association (FALA) are the first NGO in Lebanon and the region to support people afflicted with Friedreich Ataxia.

Due to the lack of public awareness in Lebanon as well as absence of service provision to FA patients, FALA's aim is to address their needs and those of their caregivers and to ensure their social integration.

In Lebanon, there are currently 243 cases of FA registered with the Ministry of Social Affairs (MoSA).

It is important for drug and biologic sponsors and the FDA to hear the voices of rare disease communities, especially underserved ones and to know that these patients and their family members do engage in understanding the data from clinical trials in making decisions about safety and efficacy. As a result of needs assessments conducted for the FA patients and their caregivers, FALA was able to determine a wide spectrum of challenges including financial, medical, psychosocial support, ergonomic, and others. Therefore the FDA approval for the 1st ever treatment of this disease, would obviously affect Lebanese patients' lives on many aspects.

Patients and caregivers provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day.

FALA has had the opportunity to review the results of the MOXIe studies and as our stakeholders are individuals living with FA we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making.

It is based on these understandings and beliefs that FALA supports the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to

submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we always respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We believe that we are at an important inflection point in FA drug development with a positive clinical results and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies, ex-US, where there are individuals with FA are living.

Closing statement – thank Reata and FDA for their urgent review of the letter, especially the patient testimonies and request that they work together to provide access to omav for people with FA as soon as possible.

Beirut, Lebanon 19-01-2021

Marianne Hakim
FALA- Friedreich Ataxia Lebanese Association
Co-founder & Executive director



(**FARA Ireland**) Charity Revenue Number: 19673
Registered Charity Number: 20077396
Registered Address: Boherboy, Dunlavin, Co Wicklow

16th January 2021

We, in Friedreich's Ataxia Research Alliance Ireland (FARA Ireland), represent people with Friedreich's Ataxia having been founded by parents or friends of those with FA. Our aim has been to develop a strong connection with those who carry out research in FA, raise funds for research and increase awareness of FA.

It is important for drug companies, biologic sponsors, the Food and Drugs Administration (FDA) and the European Medicines Agency (EMA) to hear the voices of rare disease communities and to know that these patients and their family members do understand the data from clinical trials which eventually will make decisions about safety and efficacy of drugs that those with FA will need. Patients and caregivers have to educate themselves about their rare disease as so many doctors know so little about their particular disease. Those with FA live with uncertainty as their disease progresses on a daily basis.

FARA Ireland has had the opportunity to review the results of the MOXIe studies and like Friedreich's Ataxia Research Alliance (FARA) in USA believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making going forward. It is based on these understandings and beliefs that FARA Ireland supports the efforts of the FARA and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we always respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.



Friedreich's
Ataxia
Research
Alliance
IRELAND

(**FARA Ireland**) Charity Revenue Number: 19673
Registered Charity Number: 20077396
Registered Address: Boherboy, Dunlavin, Co Wicklow

We believe that we are at an important point in FA drug development with these positive clinical results and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA a rare disease. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies, outside of the USA, including Europe and Ireland.

We wish to thank Reata and FDA for their urgent review of the letter, thank the patients who shared their story and request that Reata & FDA work together to provide access to Omaveloxolone for people with FA as soon as possible.

Sincerely

Mary Kearney Secretary FARA Ireland
General Practitioner
Tutor at Irish College of General Practitioners
Member of Cochrane Collaboration



Friedreich Ataxia Research Association
New Zealand

27 Lincoln Court, Hokowhitu, Palmerston North 4410
Telephone: 027 429 1595

United, Positive and Strong

17th January 2021

Reata Pharmaceuticals

To Whom It May Concern

We, FARA New Zealand (NZ) represent New Zealanders diagnosed with Friedreich's Ataxia as well as their families and support network. FARA NZ's mission "United, Positive and Strong, advocating and supporting people with Friedreich Ataxia to have the best care, treatment and quality of life. Our Vision is a cure for Friedreich Ataxia. Our organization provides support, information and fundraising to support scientific research into the condition and treatments. We have organized family information days and worked in partnership with clinician-researchers to develop the Centre for Brain Research (CBR) Neurogenetics Research Clinic at Auckland University and continue to support this initiative.

It is important for drug and biologic sponsors and the FDA to hear the voices of rare disease communities not only in the US, but worldwide and to know that these patients and their family members do engage in understanding the data from clinical trials in making decisions about safety and efficacy. Patients and caregivers no matter where they live, provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day.

While it is fully understood the FDA's interests lie in supporting patients in the US, it is a fact that patients and their families across the world share exactly the same views as their colleagues in the US. Importantly, the equivalent regulatory Body in each country involved pays close attention to the work, processes and conclusions of the US FDA as they go about their own processes in approving emerging drugs for use in their jurisdictions. There are impacts beyond the US in the steps taken, or not taken by drug and biologic sponsors and the FDA.


FARA NZ has had the opportunity to review the results of the MOXIe studies and as our stakeholders are individuals living with FA we, like FARA USA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making. It is based on these understandings and beliefs that FARA NZ and our members fully support the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and for the US FDA to exercise the flexibility granted by US law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we always respect the FDA's processes and those of their sister organisations in other countries in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation in most jurisdictions allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We, like everyone everywhere living with FA, believe that we are at an important inflection point in FA drug development with a positive clinical result and believe that we now need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or it will influence similar decisions by other regulatory bodies, ex-US, where there are individuals with FA living.

FARA NZ, on behalf of all our members, especially those suffering with FA, congratulate Reata on their work in developing what we see as a very plausible treatment of this devastating disease. We also acknowledge and can see that the advice and guidance provided by the FDA and others has been a critical part of the Reata journey so far. Now, we thank Reata and FDA for receiving our letter, and point out that it has been deliberately submitted jointly with our FARA partner organisations in the US and Australia in the hope of strengthening an appeal by the global FA community in what we all view as a 'nothing to lose and everything to gain situation' created by the latest Reata studies, and work together to provide access to Omap for everyone with FA as soon as possible. Every day, every single day, counts in the race against this disease.

Yours faithfully,
FARA NZ

A handwritten signature in black ink, appearing to read 'Dianne Boon', with a long horizontal line extending to the right.

Dianne Boon
Chairperson



Friedreich Ataxia Research Association
PO Box 210, Elsternwick VIC 3185
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Thursday, 14 January 2021

Dear Reata Pharmaceuticals and U.S. Food and Drug Administration leadership,

The Friedreich Ataxia Research Association (fara Australia) represents Australians living every day with the degenerative neuro-muscular condition Friedreich Ataxia (FA). fara Australia's mission is to fund research to find treatments and ultimately a cure for FA. We have approximately 180 FA patients, living in all areas of Australia. Many FA patients live in our major cities, however some of our FA patients live in remote and rural areas, where it is very difficult to access assistance and allied health services.

It is important for drug and biologic sponsors and the FDA, as well as the Therapeutic Goods Administration (TGA) here in Australia, to hear the voices of rare disease communities and to know that these patients and their family members do engage in understanding the data from clinical trials in making decisions about safety and efficacy. Patients and caregivers provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day.

fara Australia has had the opportunity to review the results of the MOXIe studies and as our stakeholders are individuals living with FA we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making. We also had Australian FA patients participate in the MOXIe trial as Melbourne was a study site for the Reata clinical trials. It is based on these understandings and beliefs that fara Australia supports the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we always respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We believe that we are at an important inflection point in FA drug development with a positive clinical result and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies, ex-US, where individuals with FA are living. The TGA places a great deal of importance on decisions made by the FDA. An approval by the FDA of an NDA for Omaveloxolone in FA would have a great influence on decisions made in Australia.

We are grateful to Reata and the FDA for your urgent review of this important letter. The patient testimonies and personal experiences of our FA community highlight how important and necessary Omaveloxolone is for our patients living with FA. Every day their disease progresses, and Omaveloxolone provides hope that we can slow that rate of function loss. We encourage you to work together to provide access to Omaveloxolone for people living with FA as soon as possible.

Kind regards,

A handwritten signature in black ink, appearing to read 'S. Fyfe', followed by a horizontal line.

Sherelle Fyfe
CEO, fara Australia



Federación de Ataxias de España

Miembro de



Inscrita en la Sección Segunda del Registro Nacional de Asociaciones con el Número Nacional F-2222 / C.I.F. V83101097

We the "Federación de Ataxias de España" (FEDAES), a non-profit organization that, encompassing various Regional Associations of Ataxia and forming part of other national and European federations, has as its main objective to promote the study and scientific research in the field of ataxias. FEDAES works actively to ensure that health care takes into account all citizens equally, and that it protects and supports the needs of minorities.

It is important for drug and biologic sponsors and the FDA as well as the European Medical Agency (EMA) to hear the voices of rare disease communities and to know that these patients and their family members do engage in understanding the data from clinical trials in making decisions about safety and efficacy. Patients and caregivers provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day.

The FEDAES has had the opportunity to review the results of the MOXIe studies and as our members are individuals living with ataxia we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making. It is

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Web: www.fedaes.org



Federación de Ataxias de España

based on these understandings and beliefs that FEDAES supports the efforts of the

Miembro de



Inscrita en la Sección Segunda del Registro Nacional de Asociaciones con el Número Nacional F-2222 / C.I.F. V83101097

Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we always respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We believe that we are at an important inflection point in FA drug development with a positive clinical results and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for

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Federación de Ataxias de España

FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies, ex-US, where there are individuals with FA are living.

Specifically, we believe that FDA decisions will strongly influence the arbitrage of the European Medical Agency, which granted orphan designation to Omaveloxolone in 2018.

We thank Reata and the FDA for their urgent review of the present letter, and we respectfully request that both organizations work together to provide access to Omaveloxolone for people with FA as soon as possible.



Inscrita en- la Sección Segunda del Registro Nacional de Asociaciones con el Número Nacional F-2222 /C.I.F. V83101097



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Our reference: 02/2021

To: a) **U.S. Food and Drug Administration**
10903 New Hampshire Ave
Silver Spring, MD 20993-0002

b) **REATA Pharmaceuticals**
5320 Legacy Drive
Plano, TX 75024

Subject: Request for Omaveloxelone to be evaluated as the first treatment for Friedreich Ataxia

Sir/Lady,

We, the Hellenic Friedreich's Ataxia Association (hereinafter HEFAA), represent the Greek patients and their families affected by Friedreich's Ataxia (FA) with a mission to support the patients, the researchers, the pharmaceutical companies and the regulatory authorities towards finding a cure for FA. HEFAA is the sole association in Greece advocating for Friedreich's Ataxia and represents the patients and the families in the whole country, including greek-american patients in the US.

The Hellenic Friedreich's Ataxia Association has had the opportunity to review the results of the MOXIe studies and as our stakeholders are individuals living with FA we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making.

For us, as patient advocates, the regulatory authorities constitute our security net and safeguard the safety of future approved compounds. While we always respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. One thing that our patients don't have is time. Each day that passes for these patients is a day for additional functional losses to occur.

For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We understand that according to legislative framework one of the statutory requirements for drug marketing approval is "substantial evidence" that the drug will have its claimed effect. This requirement is the same for all drugs regardless of whether they are for common or rare diseases.

Substantial evidence is based on the results of adequate and well-controlled investigations. It is of note, and highly important in this case of Omaveloxelone, that the regulatory framework provides the necessary flexibility in some circumstances, the data from one adequate and well-controlled clinical investigation and confirmatory evidence to be considered sufficient¹.

HEFAA believes that we are at an important inflection point in FA drug development with positive clinical results and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited ataxias, and/or could influence similar decisions by other regulatory bodies.

It is based on these understandings and beliefs that HEFAA supports the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxelone in FA based on the existing evidence from clinical trials.

We thank you in advance both REATA Pharma and the FDA for urgently reviewing the present letter which should be read in conjunction with FARA's and similar letters of FA patient advocates globally, and we request that all the stakeholders to work together to provide access to Omap for people with FA as soon as possible.

With the highest of respect



Vasileios KARATZIAS
Hellenic Friedreich's Ataxia Association
President of the Board

¹ See 21 CFR 314.126(a). See section 505(d) of the FD&C Act. See also the guidance for industry *Providing Clinical Evidence of Effectiveness for Human Drug and Biological Products* (May 1998).

Since our founding in 1957, the National Ataxia Foundation (NAF) has represented people affected by all forms of Ataxia. Our membership of almost 6,000 includes more than 700 people who either have Friedreich's Ataxia (FA) or are those who support them.

It is important for drug and biologic sponsors and the FDA to hear the voices of rare disease communities and to know that these patients and their family members do engage in understanding the data from clinical trials in making decisions about safety and efficacy. Patients and caregivers provide elucidative insight on the level of uncertainty and risk they are willing to bear, as they live with their disease every day. NAF was a partner of the Friedreich's Ataxia Research Alliance (FARA) in 2017 for the Externally-Led Patient Focused Drug Development Meeting (EL-PFDD) for FA. The Voice of the Patient Report that came from that meeting is a powerful summary of the devastating impact of FA. NAF held its own EL-PFDD meeting in 2020 for Polyglutamine Ataxias.

NAF has had the opportunity to review the results of the MOXIe studies, and as many of our stakeholders are individuals living with FA, we, like FARA, believe it is important to facilitate opportunities for direct patient engagement and incorporate the patient experience in the interpretation of results and decision making. It is based on these understandings and beliefs that NAF strongly supports the efforts of the Friedreich's Ataxia Research Alliance and FA Community Call to Action requesting Reata to submit a New Drug Application (NDA) on an urgent basis and FDA to exercise the flexibility granted by law and contained in FDA guidance in considering approval of an NDA for Omaveloxolone in FA based on the existing evidence from clinical trials.

While we always respect the FDA's processes in approving drugs and biologics, it is important for the FDA to appreciate that time is imperative in their evaluations of data for rare diseases. Each day that passes for these patients is a day for additional functional losses to occur. For all diseases, and for rare diseases in particular, law and regulation allow for a collaborative process for review where patients and caregivers have an equal seat at the table to describe their lived experiences with their disease and with taking the drug or biologic under review.

We believe that we are at an important inflection point in FA drug development with positive clinical results and believe that we need to achieve clarity on guidance regarding what level of evidence is necessary for approving new drugs for FA. This guidance could help inform similar decisions for related rare diseases, especially other inherited Ataxias, and/or could influence similar decisions by other regulatory bodies, ex-US, where individuals with Ataxia are living.

We thank Reata and the FDA for your urgent review of the attached letter, especially the patient testimonies, and request that you work together to provide access to Omaveloxolone for people with FA as soon as possible.

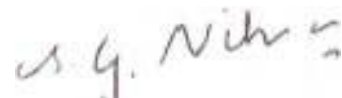
Sincerely,



Andrew Rosen
Executive Director



Samuel Kirton
President, Board of Directors



Vikram Shakkotai, MD, PhD
Chair, Medical and Research
Advisory Board