An Observational Post-Authorization Safety Study (PASS) of MOVENTIG® (Naloxegol) Among Patients Aged 18 Years and Older Treated with Opioids Chronically

First published: 04/03/2016

Last updated: 02/07/2024

Study Finalised

Administrative details

PURI

https://redirect.ema.europa.eu/resource/17821

EU PAS number

EUPAS12669

Study ID

17821

DARWIN EU® study

No

Study countries

Netherlands

United Kingdom

Study description

This study is designed to provide additional data to characterize the safety of naloxegol in the indicated population and within at risk vulnerable populations identified in the naloxegol RMP by describing type and frequency of identified and potential risks (including bowel perforation, acute myocardial infarction, stroke, cardiovascular-specific mortality, all-cause mortality, hypertension, opioid withdrawal, abdominal pain, diarrhea, syncope, and change in pain severity) in patients ≥18 years of age who were treated with opioids chronically and subsequently treated with naloxegol in routine post-authorization use.

Study status

Finalised

Research institutions and networks

Institutions

Evidera

United Kingdom

First published: 20/11/2013

Last updated: 07/03/2024

Institution **Laboratory/Research/Testing facility** **Non-Pharmaceutical company** **ENCePP partner**

Evidera

United Kingdom

First published: 20/11/2013

Last updated: 07/03/2024

Institution | Laboratory/Research/Testing facility | Non-Pharmaceutical company | ENCePP partner

The PHARMO Institute for Drug Outcomes Research (PHARMO Institute)

Netherlands

First published: 07/01/2022

Last updated: 24/07/2024

Institution | Laboratory/Research/Testing facility | ENCePP partner

IMS Health

First published: 01/02/2024

Last updated: 01/02/2024

Institution

Contact details

Study institution contact

Javier Cid

Study contact

javier.cid@evidera.com

Primary lead investigator

Javier Cid

Primary lead investigator

Study timelines

Date when funding contract was signed

Actual: 13/10/2015

Study start date

Actual: 01/12/2015

Date of final study report

Planned: 15/12/2023

Actual: 02/12/2022

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Kyowa Kirin

Study protocol

D3820R00009 CSP - PRAC 07312015 final.pdf(418.76 KB)

m1-8-2 D3820R00009 PASS CSP_v6.1_29Mar2021.pdf(1.25 MB)

Regulatory

Was the study required by a regulatory body?

Yes

Is the study required by a Risk Management Plan (RMP)?

EU RMP category 3 (required)

Methodological aspects

Study type

Study type list

Study topic:

Disease /health condition

Human medicinal product

Study type:

Non-interventional study

Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

Safety study (incl. comparative)

Data collection methods:

Secondary use of data

Main study objective:

To assess the incidence of bowel perforation, acute MI, stroke, all-cause mortality, and hypertension in patients treated with naloxegol, a concurrent reference cohort, and by subpopulations (patients aged ?65 years, or pregnant, or with prior cardiovascular risk, or with prior renal or hepatic impairment, or with concurrent methadone use or use of CYP3A inhibitors/inducers or PgP modulators)

Study Design

Non-interventional study design

Cohort

Other

Non-interventional study design, other

Retrospective study

Study drug and medical condition

Study drug International non-proprietary name (INN) or common name

NALOXEGOL

Medical condition to be studied

Large intestine perforation

Small intestinal perforation

Acute myocardial infarction

Cerebral infarction

Cerebellar infarction

Cerebrovascular accident

Cerebral haemorrhage

Cerebellar haemorrhage

Death

Hypertension

Population studied

Short description of the study population

The study focused on patients from the UK, Germany, and the Netherlands who receive naloxegol prescriptions. Patients aged 18 and above, with at least one year of continuous data, and exposure to regular opioid use, will be included in the National Institute of Addiction and Metabolism (NIC). Patients with non-PAMORA laxative prescriptions will be included in the Clinical Research Centre (CRC). Patients will be grouped by cancer or non-cancer for analysis.
Inclusion criteria:
1. Patient receives a new prescription for naloxegol or a non-PAMORA laxative (Note: only non-PAMORA laxatives that are approved/marketed in the EU at the time naloxegol is authorised are permitted).

Patients will be excluded from either the NIC or CRC if they meet any of the following criteria:
1. Patients < 18 years of age on cohort entry date.
2. Patients with < 1 year of continuous data available prior to cohort entry date.
3. Patients without exposure to current regular opioid use (current regular opioid use defined by > 302 days of opioid exposure within the 180 days prior to and inclusive of the cohort entry date).

4. Exposure to PAMORA laxatives, alvimopan, methylnaltrexone, or naloxone + opioid combination (including fixed-dose combinations) prior to cohort entry date.

Age groups

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

Estimated number of subjects

10000

Study design details

Outcomes

Bowel perforation, acute MI, stroke, all-cause mortality, and hypertension. CV-specific mortality, opioid withdrawal, abdominal pain, diarrhea, syncope, and change in pain severity

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Data analysis plan

Demographic, clinical, and treatment characteristics in the patients' medical history for the naloxegol inception cohort and concurrent reference cohort overall and within sub-populations of interest are described. Incidence proportion and exposure-adjusted incidence rates for pre-specified health outcomes of interest, and their 95% confidence interval, are reported, by presence or absence of cancer. Incidence proportion is the number of patients with the outcome divided by the total number of patients. Exposure-adjusted incidence rate is the number of first occurrences of each health outcome

divided by the total aggregate person-time accrued by all patients in that exposure group. The 95% CI were calculated based on the Wilson Score method. Sensitivity analyses were not conducted due to early termination of the study. Empirical time-to-event curves were derived for time to each of outcomes of interest. The Kaplan-Meier method was used to ascertain the shape of the distributions.

Documents

Study results

Naloxegol_SES_final report_2022_V1.0_Abstract.pdf(595.05 KB)

Data management

Data sources

Data source(s)

PHARMO Data Network

THIN® (The Health Improvement Network®)

German Pharmacoepidemiological Research Database

Data sources (types)

Administrative healthcare records (e.g., claims)

Disease registry

Drug dispensing/prescription data

Electronic healthcare records (EHR)

Use of a Common Data Model (CDM)

CDM mapping

No

Data quality specifications

Check conformance

Unknown

Check completeness

Unknown

Check stability

Unknown

Check logical consistency

Unknown

Data characterisation

Data characterisation conducted

No