A post-authorisation safety study (PASS) to evaluate cardiovascular events in adult patients with obstructive sleep apnoea (OSA) treated with solriamfetol (JZP865-401)

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Study | Planned

Administrative details

EU PAS number

EUPAS45651

Study ID

50596

DARWIN EU® study

No

Study countries

France

Germany

Study description

Obstructive sleep apnoea (OSA) is a breathing condition when airways are narrowed due to muscle relaxation and can result in the airway obstruction and apnoea. Solriamfetol is indicated to reduce EDS in adult patients with narcolepsy or obstructive sleep apnea in whom EDS has not been satisfactorily treated by primary OSA therapy. Per EMA requirement, Jazz Pharmaceuticals/Axsome Therapeutics aims to carry out a PASS of solriamfetol in patients with OSA in Europe to assess the safety of the treatment and to evaluate MACE and other potential safety outcomes in adult patients. This study will be a prevalent new user cohort study using secondary data sources (claims/EHR) conducted in Germany and France, where solriamfetol has been marketed. The primary objective of this study is to estimate and compare the incidence rate of incident MACE, as a composite endpoint of: All cardiovascular (CV) mortality, non-fatal acute myocardial infarction, and non-fatal stroke, in adults newly exposed to solriamfetol plus positive airway pressure with patients exposed only to continuous PAP (C-PAP). The study population will be patients diagnosed with OSA at 18 years of age or greater and treated with C-PAP for at least one month with or without pharmacological intervention (solriamfetol or other wake-promoting agents). Main exposure will be solriamfetol and non-pharmacological intervention for airway obstruction (positive airway pressure). Secondary exposures will be the wake-promoting agents. The primary outcome will be a composite measure of MACE including All CV mortality, non-fatal acute MI, non-fatal stroke. Patients treated with solriamfetol plus C-PAP will be compared with patients exposed to C-PAP alone, adjusting for disease severity and known cardiovascular risk factors. Multivariable adjusted hazard ratio (HR) of MACE outcome will be measured comparing those exposed to solriamfetol (plus C-PAP) vs C-PAP only.

Study status

Planned

Research institutions and networks

Institutions

IQVIA

United Kingdom

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Institution **Non-Pharmaceutical company** **ENCePP partner**

Multiple centres: 2 centres are involved in the study

Contact details

Study institution contact

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Study contact

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Primary lead investigator

Sofia Correia

Primary lead investigator

Study timelines

Date when funding contract was signed
Planned: 26/05/2022

Actual: 26/05/2022

Study start date
Planned: 01/02/2024

Data analysis start date
Planned: 22/02/2024

Date of interim report, if expected
Planned: 20/11/2024

Date of final study report
Planned: 31/12/2026

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Pharmanovia (Atnahs Pharma UK Ltd)

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:

Non-interventional study

Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

Main study objective:

The study objectives differ slightly between the descriptive and prevalent new user designs. Prevalent new user: To estimate and compare the incidence rate of MACE in adults newly exposed to solriamfetol plus PAP vs patients exposed only to PAP (France). Descriptive: To estimate the incidence rate of MACE in adults newly exposed to solriamfetol irrespective of PAP use (France and Germany).

Study Design

Non-interventional study design

Cohort

Study drug and medical condition

Medicinal product name

SUNOSI

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

SOLRIAMFETOL HYDROCHLORIDE

Anatomical Therapeutic Chemical (ATC) code

(N06BA14) solriamfetol

solriamfetol

Medical condition to be studied

Obstructive sleep apnoea syndrome

Population studied

Short description of the study population

Feasibility carried out in France and Germany suggests the study will have 13,800 and 3,328 patients, respectively, eligible within the solriamfetol group.

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)

Special population of interest

Hepatic impaired

Immunocompromised

Pregnant women

Renal impaired

Estimated number of subjects

17.128

Study design details

Outcomes

Prevalent new user: The primary outcome is a composite measure of MACE, i.e., the first event of the following: non-fatal acute myocardial infarction (MI), non-fatal stroke, and all-cause mortality.

Descriptive: The primary outcome is a composite measure of MACE, defined as the first event of the following: (fatal or non-fatal) acute MI, (fatal or non-fatal) stroke, and all-cause mortality.

Individual MACE components & other CV events of interest (arrhythmic events, unstable angina, heart failure, hospitalisation for revascularisation procedures) analysed separately. Serious psychiatric events assessed from hospitalisation records analysed. Outcomes include psychotic/manic symptoms, aggressive and hostile behaviour, anxiety, agitation/ tension, major depressive disorder, irritability

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Data analysis plan

For both approaches an exploratory descriptive analysis will be conducted. Continuous variables described using mean, standard deviation, median, first and third quartiles, minimum, maximum. Categorical variables described by the number and % of patients/category. The number of patients with missing data/variable reported. Estimates of incidence rates (with 95% CI) calculated. In the prevalent new user design, effect measure will be multivariable adjusted Hazard Ratio of MACE outcome comparing those exposed to solriamfetol plus PAP vs PAP only. This comparative analysis will be performed by identifying the comparator PAP patients for each patient newly exposed to solriamfetol plus PAP based on the duration of PAP use. Constructing time-conditional propensity scores to identify the comparator PAP only users most similar to the users of solriamfetol plus PAP. Cox proportional hazards model used to study the association between exposure and outcome by adjusting to time-fixed

covariates.

Data management

ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

Data sources

Data source(s)

German Pharmacoepidemiological Research Database

Data source(s), other

French National Health Data System, France

Data sources (types)

Administrative healthcare records (e.g., claims)

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