

# **SWISS SUMMARY OF THE RISK MANAGEMENT PLAN**

## **for**

## **Sunosi**

**Active Substance: Solriamfetol hydrochloride**

Version 1.0, 29 April 2022  
Based on Version 1.0 of the EU RMP, 28 January 2020

Marketing Authorisation Holder: Clinipace AG

The Risk Management Plan (RMP) is a comprehensive document submitted as part of the application dossier for market approval of a medicine. The RMP summary contains information on the medicine's safety profile and explains the measures that are taken in order to further investigate and follow the risks as well as to prevent or minimise them.

The RMP summary of Sunosi is a concise document and does not claim to be exhaustive.

As the RMP is an international document, the summary might differ from the “Arzneimittelinformation / Information sur le médicament” approved and published in Switzerland, e.g. by mentioning risks occurring in populations or indications not included in the Swiss authorization.

Please note that the reference document which is valid and relevant for the effective and safe use of Sunosi in Switzerland is the “Arzneimittelinformation / Information sur le médicament” (see [www.swissmedic.ch](http://www.swissmedic.ch)) approved and authorized by Swissmedic. Clinipace AG is fully responsible for the accuracy and correctness of the content of the published summary RMP of Sunosi.

## **SUMMARY OF RISK MANAGEMENT PLAN FOR SUNOSI**

### **I THE MEDICINE AND WHAT IT IS USED FOR**

Sunosi is authorised for improving wakefulness and reducing excessive daytime sleepiness in adult patients with narcolepsy (with or without cataplexy) or obstructive sleep apnoea whose EDS has not been satisfactorily treated by primary OSA therapy, such as continuous positive airway pressure (CPAP) (see SmPC for the full indication). It contains solriamfetol as the active substance and it is given orally.

Further information about the evaluation of Sunosi's benefits can be found in Sunosi's EPAR, including in its plain-language summary, available on the EMA website, under the medicine's webpage <<https://www.ema.europa.eu/en/medicines/human/EPAR/sunosi>>.

### **II RISKS ASSOCIATED WITH THE MEDICINE AND ACTIVITIES TO MINIMIZE OR FURTHER CHARACTERISE THE RISKS**

Important risks of Sunosi, together with measures to minimise such risks and the proposed studies for learning more about Sunosi's risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorised pack size – the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status – the way a medicine is supplied to the patient (e.g., with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, including Period Safety Update Report (PSUR) assessment - so that immediate action can be taken as necessary. These measures constitute *routine pharmacovigilance activities*.

If important information that may affect the safe use of Sunosi is not yet available, it is listed under 'missing information' below.

## II.A List of Important Risks and Missing Information

Important risks of Sunosi are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Sunosi. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (eg, on the long-term use of the medicine).

<b>List of Important Risks and Missing Information</b>	
Important identified risks	Serious cardiovascular events
Important potential risks	Serious psychiatric events Potential for abuse, misuse and diversion Reproductive toxicity
Missing information	Potential for pharmacodynamic interactions Use in lactating women

## II.B Summary of Important Risks

<b>Important Identified Risk: Serious Cardiovascular (CV) Events</b>	
Evidence for linking the risk to the medicine	The general patient population with narcolepsy or OSA may be at risk for serious CV events due to certain intrinsic factors such as age, obesity, and comorbid cardiovascular and metabolic conditions, as well as underlying disease pathophysiology. CV adverse events were of interest because of observations of modest, reversible increases in HR and BP.
Risk factors and risk groups	Patients with narcolepsy and OSA may be at risk for CV events due to certain intrinsic risk factors, such as increasing age, obesity, concurrent diabetes mellitus, concurrent CV disease, and smoking. Patients with pre-existing hypertension, cardiovascular or cerebrovascular conditions that might be compromised by increases in blood pressure. Other risk groups include patients using concomitant medications that increase heart rate and blood pressure.
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.2, 4.3, 4.4 and 4.8 and corresponding PIL sections Additional risk minimisation measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Long-term safety PASS for OSA patients. See section II.C of this summary for an overview of the post-authorisation development plan.

<b>Important Potential Risk: Serious Psychiatric Events</b>	
Evidence for linking the risk to the medicine	Psychiatric adverse events were of interest because psychiatric comorbidities are common in narcolepsy and OSA, and stimulants and wake-promoting agents have the potential to exacerbate underlying psychiatric conditions.
Risk factors and risk groups	Psychiatric disorders are a frequent comorbidity in patients with narcolepsy. In OSA patients, observational studies have found a nearly 2-fold higher incidence of depression in patients with OSA when matched to controls without OSA. In the Sunosi clinical development programme, serious psychiatric symptoms occurred more commonly in the narcolepsy population than the OSA population.
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.4 and 4.8 and corresponding PIL sections Additional risk minimisation measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Long-term safety PASS for OSA patients. See section II.C of this summary for an overview of the post-authorisation development plan.

<b>Important Potential Risk: Potential for Abuse Misuse and Diversion</b>	
Evidence for linking the risk to the medicine	Sunosi meets the criteria for assessment of abuse potential as a new molecular entity that affects the CNS. In addition, abuse, misuse and diversion potential are associated with other medications used in the treatment of ES that are pharmacologically similar to Sunosi.
Risk factors and risk groups	Patients with a history of substance abuse (alcohol and /or drugs)
Risk minimisation measures	Routine risk minimisation measures: SmPC section 4.4 and corresponding PIL sections Additional risk minimisation measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Long-term safety PASS for OSA patients. See section II.C of this summary for an overview of the post-authorisation development plan.

<b>Important Potential Risk: Reproductive Toxicity</b>	
Evidence for linking the risk to the medicine	Preclinical reproductive toxicity studies in pregnant rats and rabbits showed evidence of embryofoetal toxicity.
Risk factors and risk groups	Pregnant women and their offspring.
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.4, 4.6 and 5.3 and corresponding PIL sections Additional risk minimisation measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Two post-marketing pregnancy registries See section II.C of this summary for an overview of the post-authorisation development plan.

<b>Missing Information: Potential for Pharmacodynamics Interactions</b>	
Risk minimisation measures	Routine risk minimisation measures: SmPC sections 4.2, 4.3 and 4.5 and corresponding PIL sections Additional risk minimisation measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Long-term safety PASS for OSA patients. See section II.C of this summary for an overview of the post-authorisation development plan.

<b>Missing Information: Use in Lactating Women</b>	
Risk minimisation measures	Routine risk minimisation measures: SmPC section 4.6 and corresponding PIL sections Additional risk minimisation measures: None
Additional pharmacovigilance activities	Additional pharmacovigilance activities: Post-marketing lactation study See section II.C of this summary for an overview of the post-authorisation development plan.

## **II.C Post-Authorisation Development Plan**

### **II.C.1 Studies Which Are Conditions of the Marketing Authorisation**

There are no studies, which are conditions of the marketing authorisation or specific obligation of Sunosi.

### **II.C.2 Other Studies in Post-Authorisation Development Plan**

#### **A prospective, non-interventional, post-authorisation safety study to evaluate the long term safety of solriamfetol in adult patients with obstructive sleep apnoea (OSA) treated with solriamfetol according to an agreed protocol.**

Purpose of the study: The primary objective of the PASS will assess the risk of CV events among patients with OSA newly initiating treatment with Sunosi (solriamfetol) compared to Sunosi-unexposed patients with OSA, with or without other pharmacologic treatments to improve wakefulness, in real-world practice. Secondary objectives include collection and analysis of data on psychiatric events, a sensitivity analysis on the primary objective for patients receiving suprathreshold doses to explore the influence of possible aberrant drug-related behaviours (abuse, misuse and diversion), and assessment of possible PD interactions by collection of data on concomitant medications as part of the primary objective and analysis of events of interest.

#### **Sunosi (solriamfetol) Pregnancy Registry: an observational study on the safety of solriamfetol exposure in pregnant women and their offspring**

Purpose of the study: The objective of the Sunosi (solriamfetol) Pregnancy Registry is to compare the maternal, fetal, and infant outcomes of women exposed to solriamfetol during pregnancy with outcomes in an unexposed comparator population.

#### **A retrospective database study to assess pregnancy outcomes associated with use of solriamfetol**

Purpose of the study: The goal of this project is to use existing data sources to evaluate pregnancy and infant outcomes.

#### **A Phase 4, Open-Label, Single-Dose Study to Evaluate Sunosi (solriamfetol) Pharmacokinetics in Breast Milk of Healthy Postpartum Women Following Oral Administration of Sunosi**

Purpose of the study: Primary objectives: 1) Evaluate solriamfetol pharmacokinetics (PK) in breast milk; 2) Estimate the daily solriamfetol dose received by the infant from the breast milk of the nursing mother. Secondary objective: Assess the safety and tolerability of single oral doses of solriamfetol in healthy postpartum women.