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Solriamfetol Real World Experience Study (SURWEY): Initiation and Titration Strategies Among Physicians Prescribing Solriamfetol for Participants with Narcolepsy from Germany

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Introduction

- Excessive daytime sleepiness (EDS) is a core symptom of narcolepsy type 1 and type 2 that has historically been managed with wake-promoting agents, sodium oxybate, or traditional stimulants[1-3]
- Solriamfetol (Sunosi™) is a dopamine/norepinephrine reuptake inhibitor approved in the EU and the US to treat EDS associated with narcolepsy (75–150 mg/day) and obstructive sleep apnoea (OSA) (37.5–150 mg/day)[4,5]
- With the clinical availability of solriamfetol, data describing real-world physician dosing and titration strategies may help health providers optimise patient care

Objective

- To characterise real-world dosing and titration strategies used by physicians in Germany when initiating solriamfetol treatment for patients with narcolepsy

Methods

- SURWEY is an ongoing retrospective chart review study among physicians in Germany, France, and Italy prescribing solriamfetol for patients with EDS associated with narcolepsy or OSA
- The current analysis focuses on data from patients with narcolepsy from Germany
- Physicians currently prescribing solriamfetol to ≥10 patients with EDS associated with narcolepsy provided data from the patients' medical records
  - Eligible patients were ≥18 years old, had been diagnosed with EDS due to narcolepsy, achieved a stable dose of solriamfetol, and completed ≥6 weeks of solriamfetol treatment
- Solriamfetol initiation strategies were characterised as:
  - Changeover: switched/switching from existing EDS medications onto solriamfetol
  - Add-on: adding solriamfetol to current EDS medication
  - New-to-therapy: no current EDS medication prior to solriamfetol
- Data related to reasons for starting solriamfetol, solriamfetol dosing and titration, and prior medications are summarised descriptively; observed data are reported

Table 1. Baseline demographics

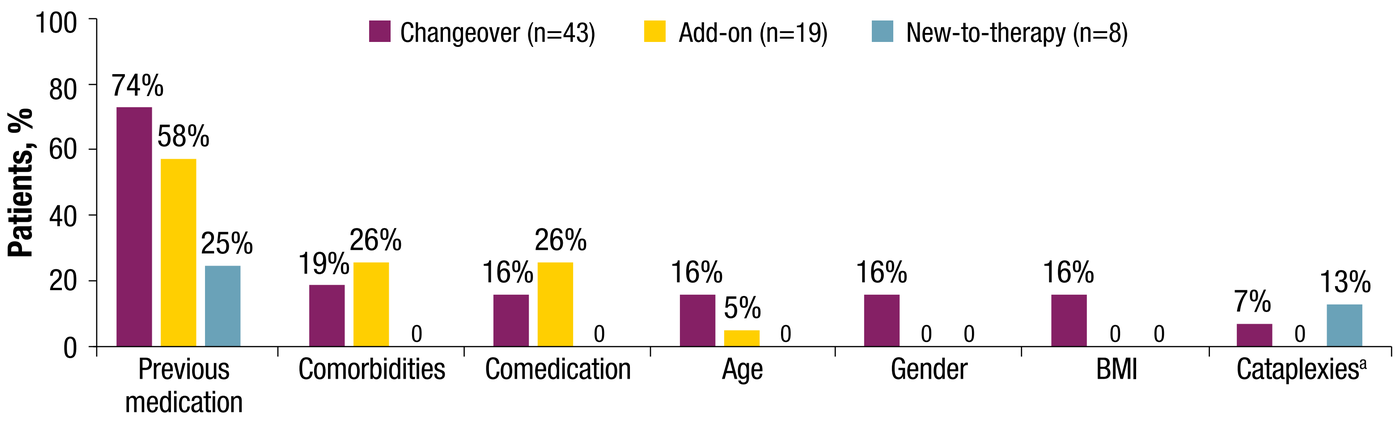
	Changeover (n=43)	Add-on (n=19)	New-to-therapy (n=8)	Overall (N=70)
Age, years				
Mean (SD)	38.0 (15.2)	36.2 (11.4)	32.6 (12.0)	36.9 (13.9)
Median (min, max)	36 (18, 76)	34 (18, 56)	28 (21, 53)	33.5 (18, 76)
Gender, n (%)				
Female	25 (58)	11 (58)	3 (38)	39 (56)
BMI, kg/m^2, mean (SD)	26.5 (5.4)	27.7 (5.5)	24.7 (3.4)	26.7 (5.2)
Patients with cataplexy, n (%)	23 (54)	15 (79)	2 (25)	40 (57)
Baseline ESS score, mean (SD)	17.1 (3.6)	18.5 (2.2)	17.6 (2.7)	17.6 (3.1)
Any comorbidity, n (%)	31 (72)	15 (79)	4 (50)	50 (71)
Anxiety/depression	18 (42)	7 (37)	0	25 (36)
Other	14 (33)	6 (32)	2 (25)	22 (31)
Obesity	7 (16)	7 (37)	0	14 (20)
Hypertension	6 (14)	5 (26)	1 (13)	12 (17)
Diabetes type 2	4 (9)	5 (26)	0	9 (13)
Migraine/headache	2 (5)	5 (26)	1 (13)	8 (11)
OSA	5 (12)	2 (11)	1 (13)	8 (11)
Hyperlipidaemia	1 (2)	4 (21)	0	5 (7)
Arrythmia	0	1 (5)	0	1 (1)
Congestive heart failure	0	1 (5)	0	1 (1)
Coronary artery disease	0	1 (5)	0	1 (1)
Fibromyalgia	0	1 (5)	0	1 (1)

BMI, body mass index; ESS, Epworth Sleepiness Scale; max, maximum; min, minimum; OSA, obstructive sleep apnoea; SD, standard deviation.

- Changeover was the most common initiation strategy (n=43 [61%]), followed by add-on (n=19 [27%]) and new-to-therapy (n=8 [11%])
- Most patients (84%) were treated in specialty sleep centres
- Overall, the most commonly reported comorbidities were anxiety and depression

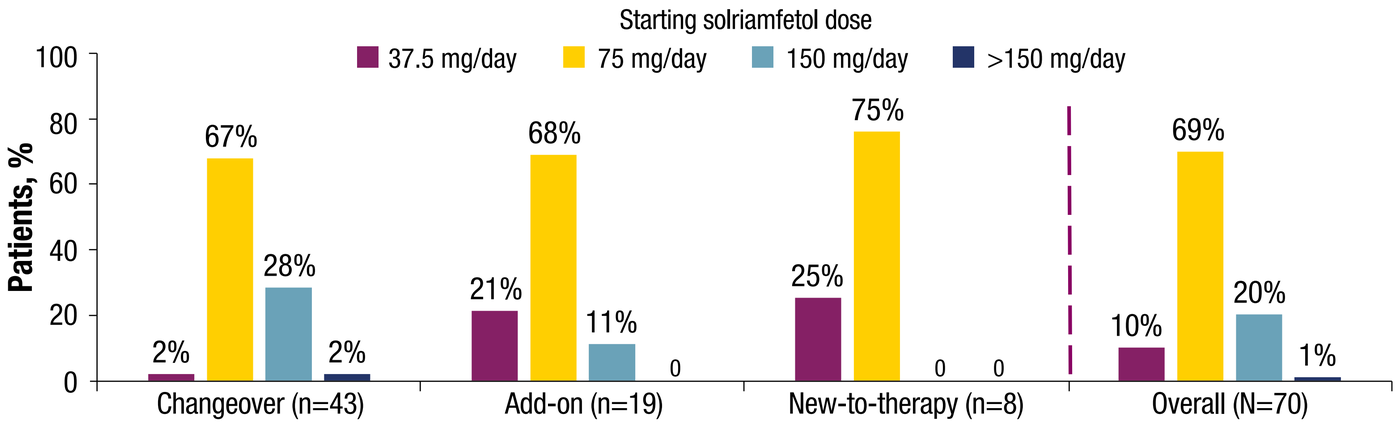
Results

Figure 1. Factors considered when initiating solriamfetol treatment



[a]Cataplexies likely refers to the absence of cataplexies being a rationale for solriamfetol use.
BMI, body mass index.

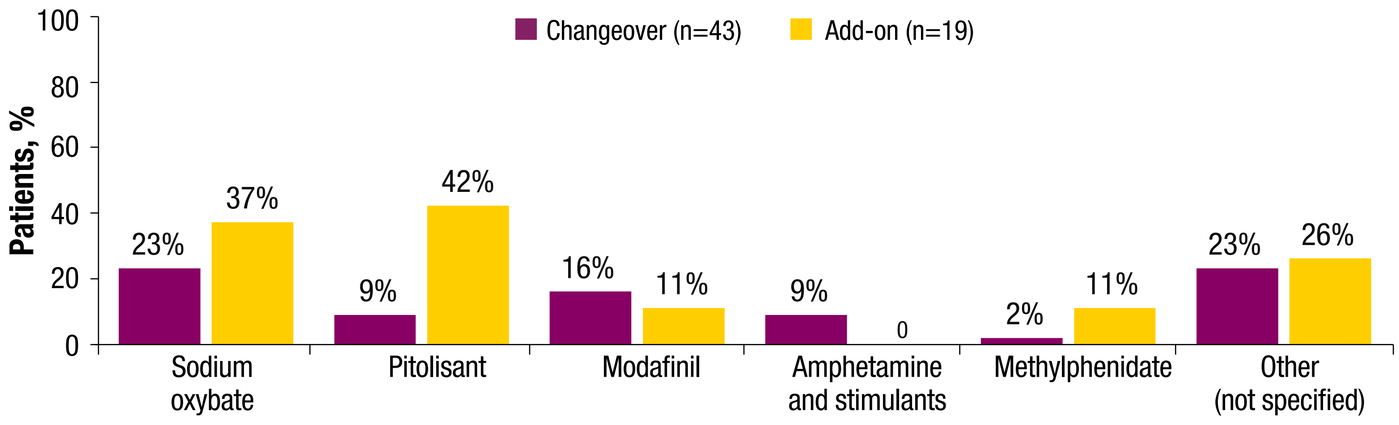
Figure 2. The most common starting dose of solriamfetol was 75 mg/day



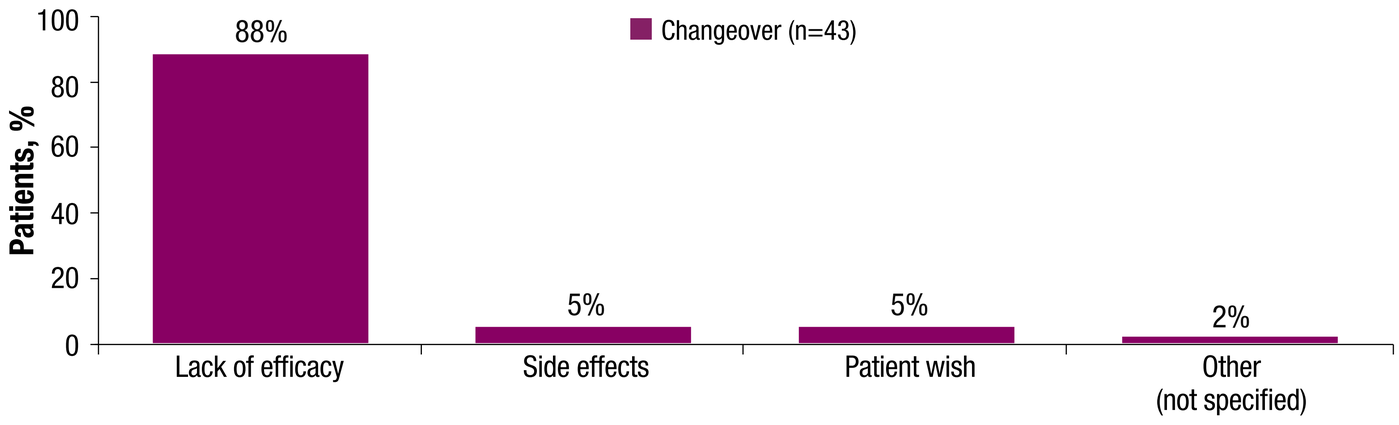
- Solriamfetol was taken once daily in all except 1 patient (99%), who was in the changeover group
- In 29 patients (41%), solriamfetol was titrated; 27/29 (93%) completed titration as prescribed, most of whom (17/27 [63%]) completed titration within 7 days

Figure 3. Solriamfetol was used alongside, or switched to from, a variety of medications

A. Medications taken at solriamfetol initiation[a]



B. Reasons for changeover



[a]Patients could be taking more than 1 medication.

- Switching was managed using an abrupt (1 day to next) approach for 88% of patients, an overlapping (tapered) approach for 9%, and an unknown approach for 2%
- Physicians indicated they would recommend the switching strategy they had used for 95% of patients
- Common adverse events included headache, decreased appetite, insomnia, anxiety, and irritability; these were consistent with those previously reported for solriamfetol[6]
- No cardiovascular adverse events were reported

Conclusions

- This study provides the first multicentre, real-world data describing the use of solriamfetol in a cohort of patients with narcolepsy in Germany
- Most patients in this study were switched from a prior medication to solriamfetol, with lack of efficacy cited as the most common reason for switching
- Solriamfetol was typically initiated at 75 mg/day; titration after initiation was common
- Common adverse events were consistent with those reported with solriamfetol in a clinical trial setting

References: 1. Pagel JF. *Am Fam Physician.* 2009;79(5):391-396. **2.** Thorpy MJ, Dauvilliers Y. *Sleep Med.* 2015;16(1):9-18. **3.** Thorpy MJ. *CNS Drugs.* 2020;34(1):9-27. **4.** Sunosi™ (solriamfetol) tablets Summary of Product Characteristics. Dublin, Ireland: Jazz Pharmaceuticals Ireland Ltd; 2020. **5.** Sunosi™ (solriamfetol) tablets Prescribing Information. Palo Alto, CA: Jazz Pharmaceuticals, Inc; 2021. **6.** Thorpy MJ, et al. *Ann Neurol.* 2019;85(3):359-370.

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