

Samelisant (SUVN-G3031): A Phase-3 Double-Blind, Randomized, Placebo-Controlled Study in Patients with Narcolepsy- Study Design

Vinod Kumar Goyal, Pradeep Jayarajan, Veera Raghava Chowdary Palacharla, Vijay Benade, Satish Jetta, Anil Shinde, Renny Abraham,

Santosh Kumar Pandey, Ramkumar Subramanian, Abdul Rasheed Mohammed, Ramakrishna Nirogi and Venkat Jasti

Suven Life Sciences Ltd., Hyderabad, India. jasti@suven.com; nvsrk@suven.com

Introduction

Samelisant, a potent and selective histamine H3 receptor inverse agonist, is under investigation for the treatment of narcolepsy. In orexin knockout mice, Samelisant demonstrated significant wake-promoting and antiepileptic effects, supporting its therapeutic potential. In the Phase-2 study, Samelisant produced a statistically significant and clinically meaningful reduction in excessive daytime sleepiness (EDS), as measured by the Epworth Sleepiness Scale (ESS) total score ($p < 0.024$). Improvements in ESS total score were consistent with favorable changes in Clinical Global Impression-Severity (CGI-S), Patient Global Impression of Change (PGI-C), and Clinical Global Impression of Change (CGI-C) scores. Samelisant was well tolerated, with a favorable safety profile. Based on the encouraging results from the Phase-2 study, a Phase-3 trial is currently being planned.

Phase-3 Study

This study will be conducted at approximately 80 centers located globally. After a screening period of up to 4 weeks, approximately 240 participants will be randomized in a 2:1 ratio to receive either Samelisant or placebo (160 participants in Samelisant and 80 participants in placebo group) for 12 weeks (4 week dose adjustment phase followed by an 8-week stable dose phase), and will then be followed up for another 4 weeks

Endpoints

Primary

- Changes from Baseline in Total Epworth Sleepiness Score (ESS)

Secondary

Efficacy:

- Change from Baseline for MWT score at Week 12
- Change from Baseline in the CGI-S score as related to excessive daytime sleepiness (EDS) at Week 12
- Change from Baseline in Weekly Cataplexy Rate (WCR) for NT1 at Week 12
- Change from Baseline in NSS-CT score for NT1 at Week 12

Safety:

- Adverse events, Physical examination, Vital signs, Laboratory assessments, ECG, C-SSRS

Exploratory:

- Change from Baseline in sustained attention to response task (SART) score at Week 12
- Change from Baseline in Functional Outcomes of Sleep Questionnaire (FOSQ-10) score at Week 12
- PGI-C scores as related to EDS at Week 12
- Change from Baseline in the Patient-Reported Outcomes Measurement Information System (PROMIS) Fatigue T-score at Week 12
- Change from Baseline in British Columbia Cognitive Complaints Inventory (BC CCI) score at Week 12

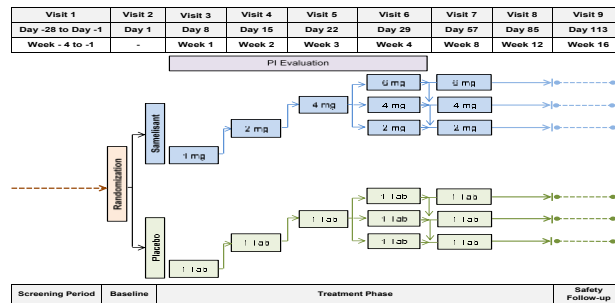
Key Eligibility Criteria

Inclusion Criteria

- Participants must be male or female of ≥ 18 years of age.
- Narcolepsy with or without cataplexy (NT1) or (NT2) based on the International Classification of Sleep Disorders 3-TR/ Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) criteria for the diagnosis of narcolepsy
- For NT1 only, current continuing presence of cataplexy as defined by participant report for the last 3 months and have average of ≥ 4 weekly cataplexy events during the last 2 weeks of the washout period
- A mean MWT time of < 12 minutes across the first 4 sessions at Baseline.

Exclusion Criteria

- Median habitual wake-up time after 9 am as assessed by sleep diary, habitual sleep time of < 6 h and median habitual bedtime past 1 am, as determined by sleep diary entries.
- Use of any investigational therapy within the 30-day period (or 5 half-lives, whichever is longer) prior to enrollment.
- History of (within past 3 months) or current substance use disorder involving illicit drugs, alcohol, or marijuana, as per DSM-5-TR criteria.
- Excessive caffeine (defined as > 600 mg/day) use at least 1 week prior to Baseline assessments and during the study.
- Nicotine dependence that affects sleep (eg, a participant who routinely awakens at night to smoke).
- If receiving stimulants, modafinil, oxybates, pitolisant, solriamfetol, bupropion or other treatments for narcolepsy, and unwilling or unable to complete weaning 2 weeks prior to Baseline visit (Day 1)



Enrollment Launching Soon Across the United States, Canada, France, Germany, Italy, and Spain