



Public Assessment Report

National Procedure

QUVIVIQ 25 mg film-coated tablets
QUVIVIQ 50 mg film-coated tablets

(daridorexant hydrochloride)

PLGB 48711/0002-0003

Idorsia Pharmaceuticals Deutschland GmbH

LAY SUMMARY

QUVIVIQ 25 mg film-coated tablets QUVIVIQ 50 mg film-coated tablets (daridorexant hydrochloride)

This is a summary of the Public Assessment Report (PAR) for QUVIVIQ 25 mg and 50 mg film-coated tablets. It explains how these products were assessed and their authorisation recommended, as well as their conditions of use. It is not intended to provide practical advice on how to use these products.

These products will be referred to as QUVIVIQ in this lay summary for ease of reading.

For practical information about using QUVIVIQ, patients should read the Patient Information Leaflets (PILs) or contact their doctor or pharmacist.

What is QUVIVIQ and what is it used for?

These products have been authorised by MHRA for Great Britain (GB; consisting of England, Scotland and Wales). In coming to its decision, MHRA has relied on a European Commission (EC) decision on 29 April 2022 (EMA/H/C/005634/0000), in accordance with the advice from the Committee for Medicinal Products for Human Use (CHMP). This is known as the EC Decision Reliance Procedure.

These applications are full-dossier applications. This means that the results of pharmaceutical, non-clinical and clinical tests have been submitted to show that these medicines are suitable for treating the specified indication.

QUVIVIQ is to treat insomnia in adults.

How does QUVIVIQ work?

QUVIVIQ contains the active substance daridorexant (as daridorexant hydrochloride), which belongs to the class of medicines called “orexin receptor antagonists”. Orexin is a substance produced by the brain that helps keep the person stay awake. By blocking the action of orexin, QUVIVIQ enables the patient to fall asleep faster and stay asleep longer, and improves their ability to function normally during the day.

How is QUVIVIQ used?

The pharmaceutical form of these medicines is a film-coated tablet and the route of administration is oral (taken by mouth).

The patient’s doctor will advise their patient on the dose of QUVIVIQ to take.

The recommended dose is one 50 mg tablet of QUVIVIQ per night.

If the patient has liver problems or take certain other medicines, their doctor may prescribe them a lower dose.

The treatment duration should be as short as possible. The appropriateness of continued treatment will be assessed within 3 months by the patient’s doctor and periodically thereafter.

- the patient should take QUVIVIQ, one time per night, by mouth, in the half hour before going to bed at night.

- The patient can take QUVIVIQ with or without food, however it may take longer to work if they take it with or right after a large meal.

For further information on how QUVIVIQ is used, refer to the PILs and Summaries of Product Characteristics (SmPCs) available on the Medicines and Healthcare products Regulatory Agency (MHRA) website.

These medicines can only be obtained with a prescription.

The patient should always take these medicines exactly as their doctor/pharmacist has told them. The patient should check with their doctor or pharmacist if they are not sure.

What benefits of QUVIVIQ have been shown in studies?

QUVIVIQ has been shown to be effective at increasing the amount of time adults with insomnia can sleep and improving functioning during the day based on two main studies. In one main study involving 930 patients those given 50 mg QUVIVIQ over 3 months were able to reduce the time they spent awake each night by 29 minutes, on average, compared with a reduction of 11 minutes for those given a placebo (dummy treatment). Also, after 3 months of treatment, patients who took 50 mg QUVIVIQ fell asleep around 35 minutes faster than before treatment, while those taking placebo fell asleep 23 minutes faster.

What are the possible side effects of QUVIVIQ?

For the full list of all side effects reported with these medicines, see Section 4 of the PILs or the SmPCs available on the MHRA website.

If a patient gets any side effects, they should talk to their doctor, pharmacist or nurse. This includes any possible side effects not listed in the product information or the PILs that comes with the medicines. Patients can also report suspected side effects themselves, or a report can be made on their behalf by someone else who cares for them, directly via the Yellow Card scheme at <https://yellowcard.mhra.gov.uk> or search for 'MHRA Yellow Card' online. By reporting side effects, patients can help provide more information on the safety of these medicines.

Why was QUVIVIQ approved?

Two main studies showed that QUVIVIQ is effective at increasing the amount of time patients with insomnia can sleep and improving functioning during the day. The side effects are considered manageable. The MHRA therefore decided that QUVIVIQ's benefits are greater than its risks and recommended that these medicines can be approved for use.

What measures are being taken to ensure the safe and effective use of QUVIVIQ?

As for all newly-authorised medicines, a Risk Management Plan (RMP) has been developed for QUVIVIQ. The RMP details the important risks of QUVIVIQ, how these risks can be minimised, any uncertainties about QUVIVIQ (missing information), and how more information will be obtained about the important risks and uncertainties.

The following safety concerns have been recognised for QUVIVIQ:

Summary of safety concerns	
Important identified risks	None
Important potential risks	Potential for drug abuse Suicidal behaviour in high-risk patients (with a medical history of depression or other psychiatric disorders)
Missing information	Use in pregnant women Use in breast-feeding women Use in patients > 75 years

The information included in the SmPCs and the PILs is compiled based on the available quality, non-clinical and clinical data, and includes appropriate precautions to be followed by healthcare professionals and patients. Side effects of QUVIVIQ are continuously monitored and reviewed including all reports of suspected side-effects from patients, their carers, and healthcare professionals.

In addition to the safety information provided in the QUVIVIQ product information, the Marketing Authorisation Holder (MAH) has committed to additional pharmacovigilance activities through the provision of safety data derived from a QUVIVIQ pregnancy registry.

An RMP and a summary of the pharmacovigilance system have been provided with these applications and are satisfactory.

Other information about QUVIVIQ

Marketing Authorisations were granted in Great Britain on 26 August 2022.

The full PAR for QUVIVIQ follows this summary.

This summary was last updated in December 2022.

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I. INTRODUCTION

Based on the review of the data on quality, safety and efficacy, the Medicines and Healthcare products Regulatory Agency (MHRA) considered that the applications for QUVIVIQ 25 mg and 50 mg film-coated tablets (PLGB 48711/0002-0003) could be approved.

The products are approved for the following indication:

- the treatment of adult patients with insomnia characterised by symptoms present for at least 3 months and considerable impact on daytime functioning.

These products have been authorised by MHRA for Great Britain (consisting of England, Scotland and Wales). In coming to its decision, MHRA has relied on a European Commission (EC) decision on 29 April 2022 (EMA/H/C/005634/0000), in accordance with the advice from the Committee for Medicinal Products for Human Use (CHMP).

For the scientific discussion of the quality, non-clinical and clinical assessment conducted by the European Medicines Agency (EMA), please refer to the European Public Assessment Report, available on the EMA website.

These applications were approved under Regulation 50 of the Human Medicines Regulation 2012, as amended (previously Article 8.3 of Directive 2001/83/EC, as amended).

The active substance, daridorexant (as daridorexant hydrochloride) is a dual orexin receptor antagonist, acting on both orexin 1 and orexin 2 receptors and equipotent on both. The orexin neuropeptides (orexin A and orexin B) act on orexin receptors to promote wakefulness. Daridorexant antagonises the activation of orexin receptors by the orexin neuropeptides and consequently decreases the wake drive, allowing sleep to occur, without altering the proportion of sleep stages (as assessed by electroencephalographic recording in rodents or polysomnography in patients with insomnia).

In line with the legal requirements for children's medicines, the application included a licensing authority decision on the agreement of a paediatric investigation plan (PIP) (EMA-002121-PIP03-19).

At the time of the submission of the application the PIP was not yet completed as some measures were deferred.

The MHRA has been assured that acceptable standards of Good Manufacturing Practice (GMP) are in place for these products at all sites responsible for the manufacture, assembly and batch release of these products.

A Risk Management Plan (RMP) and a summary of the pharmacovigilance system have been provided with these applications and are satisfactory.

Marketing Authorisations were granted on 26 August 2022.

II. PRODUCT INFORMATION

SUMMARY OF PRODUCT CHARACTERISTICS (SmPC)

The SmPCs are in line with current guidelines and are satisfactory.

PATIENT INFORMATION LEAFLET (PIL)

The PILs are in line with current guidelines and are satisfactory.

LABEL

The labelling is in line with current guidelines and is satisfactory.

III. QUALITY ASPECTS

The MHRA considered that the quality data submitted for these applications is satisfactory.

The grant of Marketing Authorisations is recommended.

IV. NON-CLINICAL ASPECTS

The MHRA considered that the non-clinical data submitted for these applications is satisfactory.

The grant of Marketing Authorisations is recommended.

V. CLINICAL ASPECTS

The MHRA considered that the clinical data submitted for these applications is satisfactory.

The grant of Marketing Authorisations is recommended.

VI. RISK MANAGEMENT PLAN (RMP)

The applicant has submitted an RMP, in accordance with the requirements of Regulation 182 of The Human Medicines Regulation 2012, as amended. In addition to routine pharmacovigilance and risk minimisation measures, the following additional pharmacovigilance measures have been proposed:

Safety concern	Risk minimisation measures	Pharmacovigilance activities
Important potential risk: Potential for drug abuse	Routine risk minimisation measures: SmPC section 4.4 SmPC section 4.2 PIL section 2 Limited pack sizes Medicinal product subject to medical prescription. Additional risk minimisation measures: None.	Routine Pharmacovigilance activities beyond adverse reactions reporting and signal detection: Targeted follow-up questionnaire for AEs denoting potential drug abuse Additional pharmacovigilance activities: None.

Safety concern	Risk minimisation measures	Pharmacovigilance activities
Important potential risk: Suicidal behaviour in high-risk patients (with a medical history of depression or other psychiatric disorders)	Routine risk minimisation measures: SmPC section 4.4 SmPC section 4.2 PIL section 2 Medicinal product subject to medical prescription. Additional risk minimisation measures: None.	Routine Pharmacovigilance activities beyond adverse reactions reporting and signal detection: Targeted follow-up questionnaire for AEs denoting suicidal behaviour Additional pharmacovigilance activities: None.
Missing information: Use in pregnant women	Routine risk minimisation measures: SmPC sections 4.6 and 5.3 PIL section 2 Medicinal product subject to medical prescription. Additional risk minimisation measures: None.	Routine Pharmacovigilance activities beyond adverse reactions reporting and signal detection: None. Additional pharmacovigilance activities: QUVIVIQ pregnancy registry
Missing information: Use in breast-feeding women	Routine risk minimisation measures: SmPC section 4.6 PIL section 2 Medicinal product subject to medical prescription. Additional risk minimisation measures: None.	Routine Pharmacovigilance activities beyond adverse reactions reporting and signal detection: None. Additional pharmacovigilance activities: None.

Safety concern	Risk minimisation measures	Pharmacovigilance activities
Missing information: Use in patients > 75 years	Routine risk minimisation measures: SmPC section 4.4 SmPC section 4.2 PIL section 2 Medicinal product subject to medical prescription. Additional risk minimisation measures: None.	Routine Pharmacovigilance activities beyond adverse reactions reporting and signal detection: None. Additional pharmacovigilance activities: None.

This is acceptable.

VII. USER CONSULTATION

A full colour mock-up of the PIL has been provided with the applications, in accordance with legal requirements.

The PIL has been evaluated via a user consultation study in accordance with legal requirements. The results show that the PIL meets the criteria for readability as set out in the Guideline on the readability of the label and package leaflet of medicinal products for human use.

VIII. OVERALL CONCLUSION, BENEFIT/RISK AND RECOMMENDATION

The quality of the product acceptable, and no new non-clinical or clinical safety concerns have been identified. The benefit/risk balance is, therefore, considered to be positive.

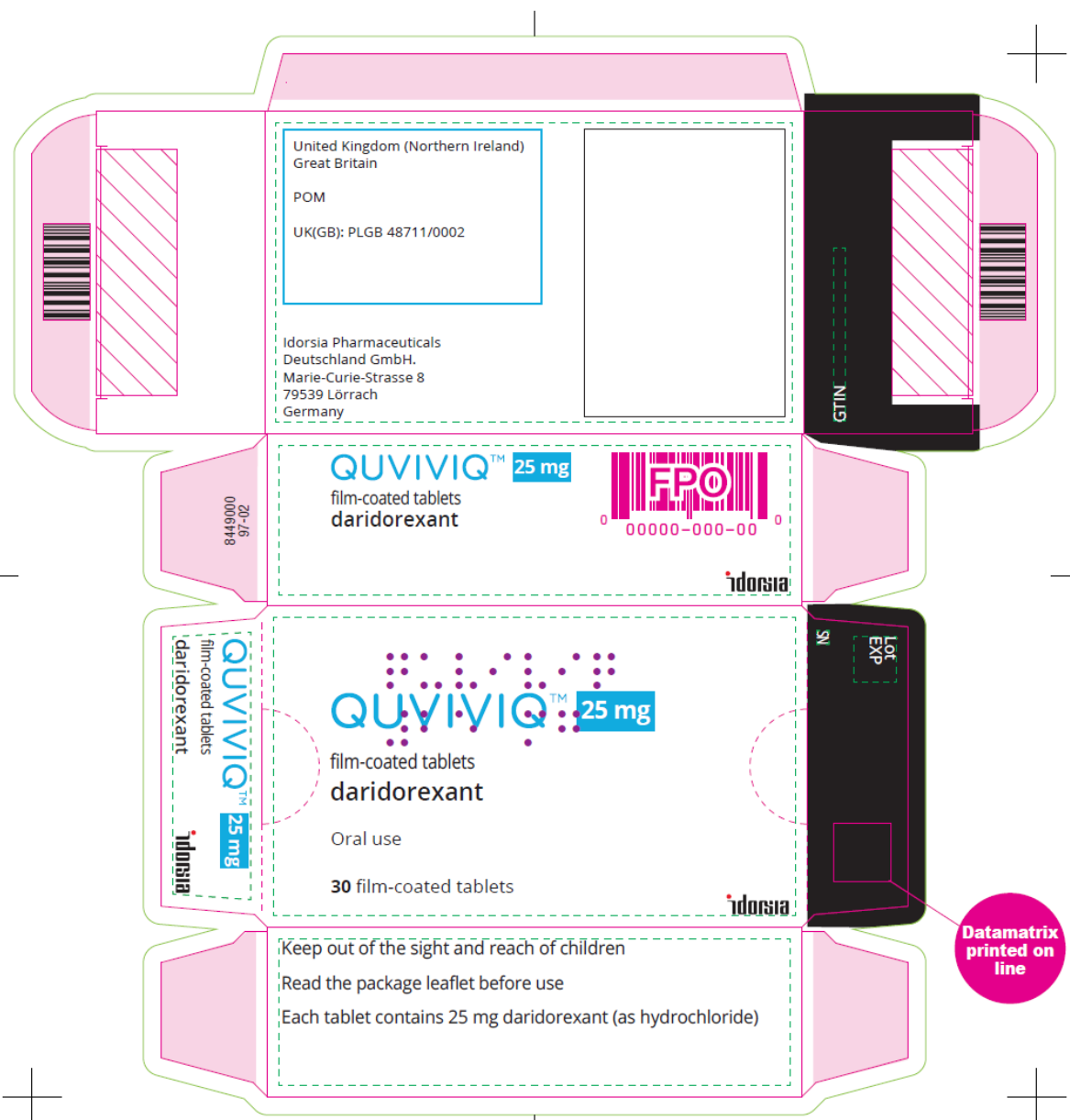
The SmPCs, PILs and labelling are satisfactory.

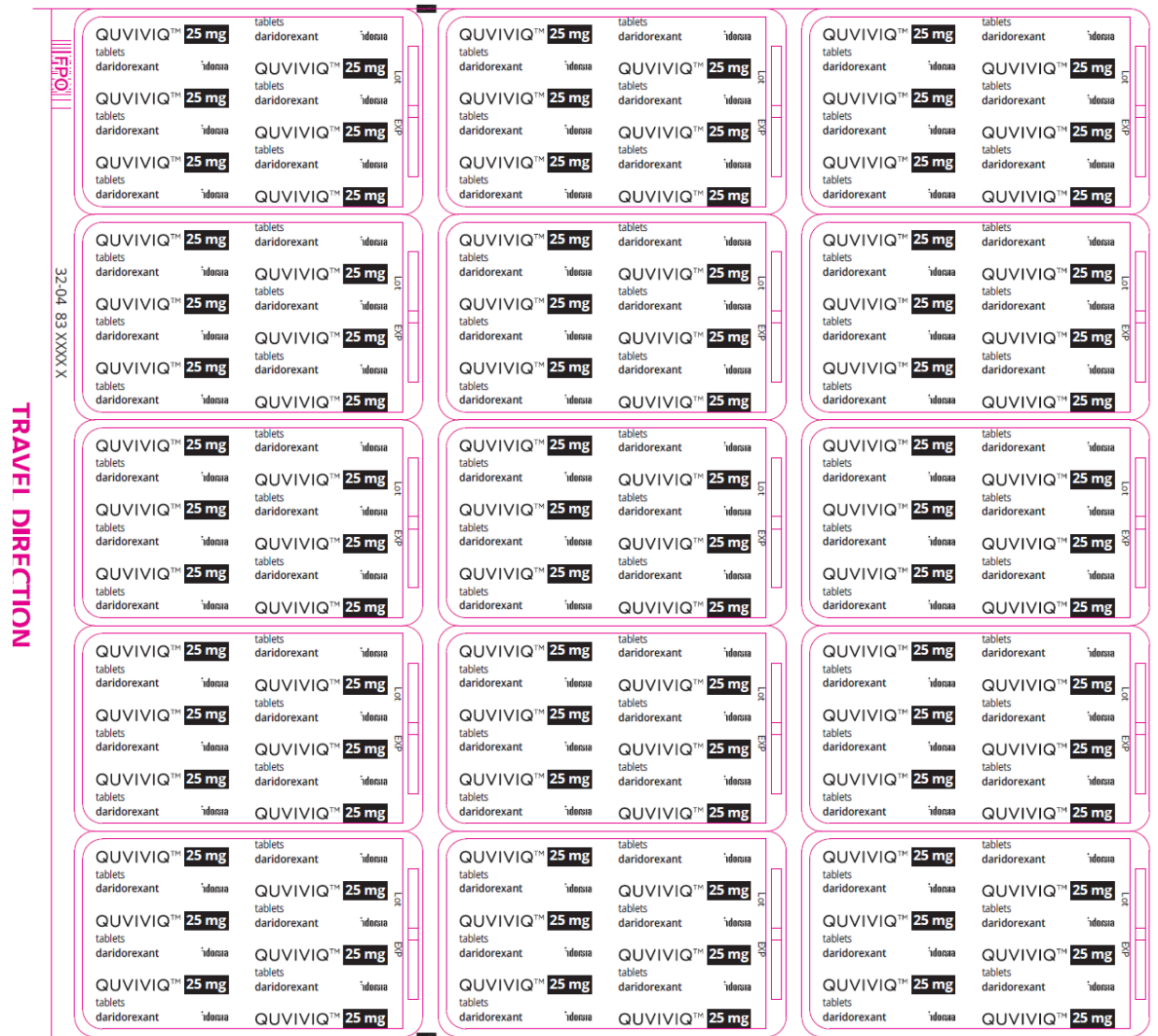
In accordance with legal requirements, the current approved GB versions of the SmPCs and PILs for these products are available on the MHRA website.

Representative copies of the labels at the time of GB licensing are provided below.

QUVIVIQ 25 mg film-coated tablets

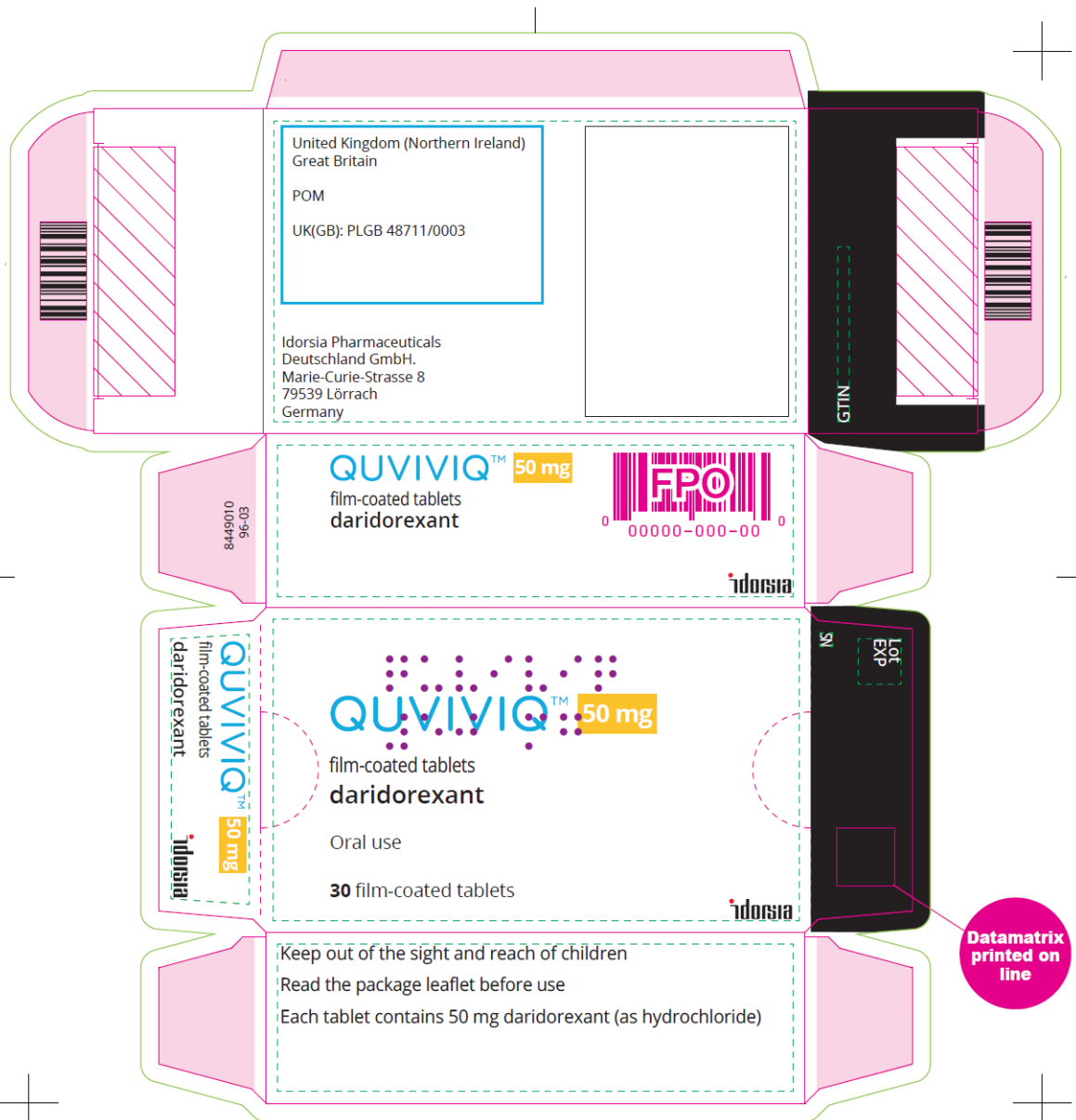






QUVIVIQ 50 mg film-coated tablets





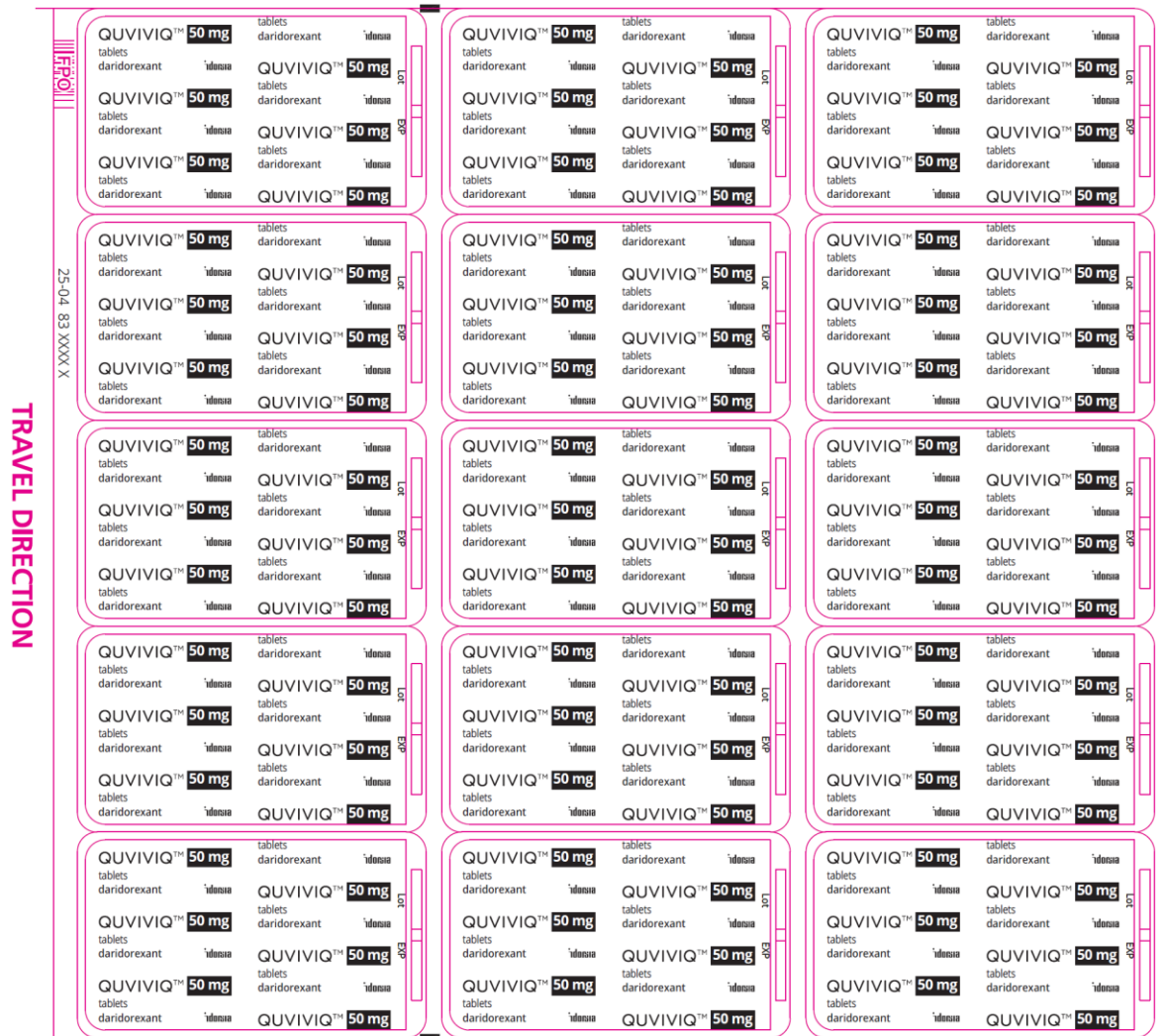


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Steps taken after the initial procedure with an influence on the Public Assessment Report (non-safety variations of clinical significance).

Please note that only non-safety variations of clinical significance are recorded below and in the annexes to this PAR. The assessment of safety variations, where significant changes are made, are recorded on the MHRA website or European Medicines Agency (EMA) website. Minor changes to the Marketing Authorisation are recorded in the current SmPC and/or PIL available on the MHRA website.

Application type	Scope	Product information affected	Date of grant	Outcome	Assessment report attached Y/N

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