



## Clinical trial results:

### An Open-Label Extension Trial to Assess the Long-Term Safety of ZX008 (Fenfluramine Hydrochloride) Oral Solution as an Adjunctive Therapy in Children and Young Adults with Dravet Syndrome

#### Summary

EudraCT number	2016-002804-14
Trial protocol	GB BE DE IT DK ES FR
Global end of trial date	27 January 2023

#### Results information

Result version number	v1
This version publication date	12 August 2023
First version publication date	12 August 2023

#### Trial information

##### Trial identification

Sponsor protocol code	ZX008-1503
-----------------------	------------

##### Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT02823145
WHO universal trial number (UTN)	-

Notes:

##### Sponsors

Sponsor organisation name	Zogenix International Limited (a wholly owned subsidiary of Zogenix, Inc.)
Sponsor organisation address	5959 Horton Street, Emeryville, United States, CA 94608
Public contact	Clin Trial Reg & Results Disclosure, UCB BIOSCIENCES GmbH, clinicaltrials@ucb.com
Scientific contact	Clin Trial Reg & Results Disclosure, UCB BIOSCIENCES GmbH, clinicaltrials@ucb.com

Notes:

##### Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	Yes
EMA paediatric investigation plan number(s)	EMA-001990-PIP01-16
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	Yes

Notes:

---

**Results analysis stage**

Analysis stage	Final
Date of interim/final analysis	11 April 2023
Is this the analysis of the primary completion data?	Yes
Primary completion date	27 January 2023
Global end of trial reached?	Yes
Global end of trial date	27 January 2023
Was the trial ended prematurely?	No

Notes:

---

**General information about the trial**

Main objective of the trial:

To assess the long-term safety and tolerability of ZX008

Protection of trial subjects:

During the conduct of the study all participants were closely monitored.

Background therapy:

Background therapy as permitted in the protocol.

Evidence for comparator:

Not applicable

Actual start date of recruitment	08 June 2016
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

---

**Population of trial subjects**

---

**Subjects enrolled per country**

Country: Number of subjects enrolled	Australia: 15
Country: Number of subjects enrolled	Belgium: 9
Country: Number of subjects enrolled	Denmark: 10
Country: Number of subjects enrolled	France: 35
Country: Number of subjects enrolled	Germany: 39
Country: Number of subjects enrolled	Italy: 29
Country: Number of subjects enrolled	Japan: 13
Country: Number of subjects enrolled	Netherlands: 10
Country: Number of subjects enrolled	Spain: 29
Country: Number of subjects enrolled	United Kingdom: 27
Country: Number of subjects enrolled	Canada: 14
Country: Number of subjects enrolled	United States: 145
Worldwide total number of subjects	375
EEA total number of subjects	161

Notes:

---

**Subjects enrolled per age group**

In utero	0
----------	---

Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	233
Adolescents (12-17 years)	100
Adults (18-64 years)	42
From 65 to 84 years	0
85 years and over	0

## Subject disposition

### Recruitment

Recruitment details:

The study started to enroll participants in Jul 2016 and concluded in Jan 2023. Participants who completed 14 weeks treatment in any of the core studies ZX008-1501/ZX008-1502 (NCT02682927), or ZX008-1504 (NCT02926898) Cohort 2, or completed ZX008-1504 Cohort 1 study, and de novo participants were eligible to participate in this study.

### Pre-assignment

Screening details:

The Participant Flow refers to the Safety (SAF) Population.

### Period 1

Period 1 title	Enrollment
Is this the baseline period?	No
Allocation method	Not applicable
Blinding used	Not blinded

### Arms

Are arms mutually exclusive?	Yes
<b>Arm title</b>	Not Treated

Arm description:

Participant (de novo) signed the informed consent form (ICF) but never received any study medication during the study.

Arm type	No intervention
No investigational medicinal product assigned in this arm	
<b>Arm title</b>	Any ZX008 Open Label Dose

Arm description:

Participants received ZX008 0.2 milligram per kilogram per day (mg/kg/day) as an oral solution, twice a day (bid), in equally divided doses with food for 1 month. After 1 month, investigator might have adjusted the dose of each participant based on effectiveness and tolerability. Participants who were not receiving concomitant stiripentol, dose changes should be made in increments of 0.2 mg/kg/day, to a maximum of 0.8 mg/kg/day but not to exceed total dose of 30 mg/day for 42 months of OLE Period. Participants who were receiving concomitant stiripentol, the first dose change was 0.4 mg/kg/day and the final dose change was to 0.5 mg/kg/day, but not to exceed 20 mg/day for 42 months of OLE Period.

Arm type	Experimental
Investigational medicinal product name	Fenfluramine hydrochloride
Investigational medicinal product code	ZX008
Other name	
Pharmaceutical forms	Oral solution
Routes of administration	Oral use

Dosage and administration details:

Participants received ZX008 0.2 mg/kg/day to maximum of 30 mg/kg/day as an oral solution, bid, in equally divided doses with food for up to approximately 42 months.

Number of subjects in period 1	Not Treated	Any ZX008 Open Label Dose
Started	1	374
Completed	0	374
Not completed	1	0
Unknown	1	-

## Period 2

Period 2 title	Treatment
Is this the baseline period?	Yes <sup>[1]</sup>
Allocation method	Not applicable
Blinding used	Not blinded

## Arms

Arm title	Any ZX008 Open Label Dose
-----------	---------------------------

### Arm description:

Participants received ZX008 0.2 milligram per kilogram per day (mg/kg/day) as an oral solution, twice a day (bid), in equally divided doses with food for 1 month. After 1 month, investigator might have adjusted the dose of each participant based on effectiveness and tolerability. Participants who were not receiving concomitant stiripentol, dose changes should be made in increments of 0.2 mg/kg/day, to a maximum of 0.8 mg/kg/day but not to exceed total dose of 30 mg/day for 42 months of OLE Period. Participants who were receiving concomitant stiripentol, the first dose change was 0.4 mg/kg/day and the final dose change was to 0.5 mg/kg/day, but not to exceed 20 mg/day for 42 months of OLE Period.

Arm type	Experimental
Investigational medicinal product name	Fenfluramine hydrochloride
Investigational medicinal product code	ZX008
Other name	
Pharmaceutical forms	Oral solution
Routes of administration	Oral use

### Dosage and administration details:

Participants received ZX008 0.2 mg/kg/day to maximum of 30 mg/kg/day as an oral solution, bid, in equally divided doses with food for up to approximately 42 months.

### Notes:

[1] - Period 1 is not the baseline period. It is expected that period 1 will be the baseline period.

Justification: As pre-specified in the SAP, participant Demographics and Baseline Characteristics were summarized for the safety population. In Period 1, no participant received study medication therefore, Period 2 is considered as Baseline Period.

Number of subjects in period 2 <sup>[2]</sup>	Any ZX008 Open Label Dose
Started	374
Completed	49
Not completed	325
Adverse event, serious fatal	3
Physician decision	2
Subject needed to take prohibited medication	1
Withdrawal by sponsor due to lack of compliance	1

Family Decision	1
Subject has transitioned to study 1900 OLE study	225
Transitioned to commercial supply of medication	1
Reason unknown	1
IP approved and subject moved to commercial drug	1
Non-Compliance With E-Diary	1
Withdrawal By Caregiver	1
Consent withdrawn by subject	16
Adverse event, non-fatal	11
Subject transferred to direct access programme	1
Switching to commercially available drug	11
Lack of efficacy	48

---

Notes:

[2] - The number of subjects reported to be in the baseline period are not the same as the worldwide number enrolled in the trial. It is expected that these numbers will be the same.

Justification: 1 participant enrolled but discontinued the study without receiving study medication and Demographics were planned for participants who received at least one dose of ZX008 during OLE.

## Baseline characteristics

### Reporting groups

Reporting group title	Any ZX008 Open Label Dose
-----------------------	---------------------------

#### Reporting group description:

Participants received ZX008 0.2 milligram per kilogram per day (mg/kg/day) as an oral solution, twice a day (bid), in equally divided doses with food for 1 month. After 1 month, investigator might have adjusted the dose of each participant based on effectiveness and tolerability. Participants who were not receiving concomitant stiripentol, dose changes should be made in increments of 0.2 mg/kg/day, to a maximum of 0.8 mg/kg/day but not to exceed total dose of 30 mg/day for 42 months of OLE Period. Participants who were receiving concomitant stiripentol, the first dose change was 0.4 mg/kg/day and the final dose change was to 0.5 mg/kg/day, but not to exceed 20 mg/day for 42 months of OLE Period.

Reporting group values	Any ZX008 Open Label Dose	Total	
Number of subjects	374	374	
Age Categorical Units: participants			
<6 years	92	92	
6-18 years	250	250	
>18 years	32	32	
Age Continuous Units: years			
arithmetic mean	10.3		
standard deviation	± 6.12	-	
Sex: Female, Male Units: participants			
Female	172	172	
Male	202	202	

## End points

### End points reporting groups

Reporting group title	Not Treated
Reporting group description: Participant (de novo) signed the informed consent form (ICF) but never received any study medication during the study.	
Reporting group title	Any ZX008 Open Label Dose
Reporting group description: Participants received ZX008 0.2 milligram per kilogram per day (mg/kg/day) as an oral solution, twice a day (bid), in equally divided doses with food for 1 month. After 1 month, investigator might have adjusted the dose of each participant based on effectiveness and tolerability. Participants who were not receiving concomitant stiripentol, dose changes should be made in increments of 0.2 mg/kg/day, to a maximum of 0.8 mg/kg/day but not to exceed total dose of 30 mg/day for 42 months of OLE Period. Participants who were receiving concomitant stiripentol, the first dose change was 0.4 mg/kg/day and the final dose change was to 0.5 mg/kg/day, but not to exceed 20 mg/day for 42 months of OLE Period.	
Reporting group title	Any ZX008 Open Label Dose
Reporting group description: Participants received ZX008 0.2 milligram per kilogram per day (mg/kg/day) as an oral solution, twice a day (bid), in equally divided doses with food for 1 month. After 1 month, investigator might have adjusted the dose of each participant based on effectiveness and tolerability. Participants who were not receiving concomitant stiripentol, dose changes should be made in increments of 0.2 mg/kg/day, to a maximum of 0.8 mg/kg/day but not to exceed total dose of 30 mg/day for 42 months of OLE Period. Participants who were receiving concomitant stiripentol, the first dose change was 0.4 mg/kg/day and the final dose change was to 0.5 mg/kg/day, but not to exceed 20 mg/day for 42 months of OLE Period.	

### Primary: Percentage of participants with treatment-emergent adverse events (TEAEs) during the Open-label extension (OLE) Treatment Period

End point title	Percentage of participants with treatment-emergent adverse events (TEAEs) during the Open-label extension (OLE) Treatment Period <sup>[1]</sup>
End point description: Treatment-emergent adverse events (TEAE) were defined as any AEs that based on start date information occurs after the first intake of study treatment. Safety (SAF) population included all enrolled participants who received at least one dose of ZX008 during the OLE.	
End point type	Primary
End point timeframe: From Day 1 to End of OLE Treatment Period - End of Study (EOS) Visit (Month 42)	

#### Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: No formal statistical hypothesis testing was planned for this study. Results were summarized in tables as descriptive statistics only.

End point values	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	374			
Units: percentage of participants				
number (not applicable)	98.1			



## Statistical analyses

No statistical analyses for this end point

### Primary: Percentage of participants with treatment-emergent adverse events (TEAEs) leading to withdrawal from investigational medicinal product (IMP) during the OLE Treatment Period

End point title	Percentage of participants with treatment-emergent adverse events (TEAEs) leading to withdrawal from investigational medicinal product (IMP) during the OLE Treatment Period <sup>[2]</sup>
-----------------	---

End point description:

A TEAE was defined as any AE that based on start date information occurs after the first intake of study treatment. Percentage of participants with TEAEs leading to withdrawal from IMP during OLE Treatment Period were reported. Safety (SAF) population included all enrolled participants who received at least one dose of ZX008 during the OLE.

End point type	Primary
----------------	---------

End point timeframe:

From Day 1 to End of OLE Treatment Period - EOS Visit (Month 42)

Notes:

[2] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: No formal statistical hypothesis testing was planned for this study. Results were summarized in tables as descriptive statistics only.

<b>End point values</b>	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	374			
Units: percentage of participants				
number (not applicable)	3.5			

## Statistical analyses

No statistical analyses for this end point

### Primary: Percentage of participants with Serious treatment-emergent adverse events (TEAEs) during the OLE Treatment Period

End point title	Percentage of participants with Serious treatment-emergent adverse events (TEAEs) during the OLE Treatment Period <sup>[3]</sup>
-----------------	--

End point description:

Serious Adverse event (SAE) was defined as any untoward medical occurrence that at any dose: • results in death, • is life-threatening threatening, • results in initial inpatient hospitalization or prolongation of hospitalization, • results in persistent or significant disability or incapacity, • results in a congenital anomaly/birth defect, • results in any medically significant event that did not meet any of the other 5 SAE criteria, but which was judged by a physician to potentially jeopardize the participant or require medical or surgical intervention to prevent one of the above outcomes listed as an SAE criterion. Safety (SAF) population included all enrolled participants who received at least one dose of ZX008 during the OLE.

End point type	Primary
----------------	---------

End point timeframe:

From Day 1 to End of OLE Treatment Period - EOS Visit (Month 42)

Notes:

[3] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.

Justification: No formal statistical hypothesis testing was planned for this study. Results were summarized in tables as descriptive statistics only.

<b>End point values</b>	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	374			
Units: percentage of participants				
number (not applicable)	26.5			

## Statistical analyses

No statistical analyses for this end point

## Secondary: Change From Baseline (Core) in Convulsive Seizure Frequency per 28 days from Day 1 to End of Study (EOS) Visit (Month 42) in the OLE Treatment Period

End point title	Change From Baseline (Core) in Convulsive Seizure Frequency per 28 days from Day 1 to End of Study (EOS) Visit (Month 42) in the OLE Treatment Period
-----------------	---

End point description:

Baseline (Core) was defined as Baseline prior to double-blind treatment in the core studies (ZX008-1501/ZX008-1502, and ZX008-1504 Cohort 2). Participants in 1504- Cohort 1 and de novo subjects (who entered 1503 without having been in any of the core studies) did not have a Baseline (Core), and were not included in the analysis of this outcome measure. The total number of convulsive seizures from Day 1 to EOS was divided by the total number of days from Day 1 to EOS with nonmissing diary data and the result was then multiplied by 28 to get a 28-day convulsive seizure frequency (CSF). The change from Baseline for any individual participant was calculated by subtracting the Baseline (Core) from the post-baseline value. Monthly (28 day) CSF was based on electronic diary data obtained for each participant. Modified Intent-to-Treat (mITT) population included all enrolled participants who received at least one dose of ZX008 and had at least 1 month of valid seizure data during the OLE.

End point type	Secondary
----------------	-----------

End point timeframe:

From Day 1 to End of OLE Treatment Period (EOS Visit - up to Month 42), compared to Baseline (Core)

<b>End point values</b>	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	324			
Units: seizure frequency per 28 days				
median (full range (min-max))	-6.67 (-1757.8 to 751.3)			

## Statistical analyses

**Secondary: Convulsive Seizure Frequency (CSF) per 28 days during the OLE Treatment Period (to Month 36)**

End point title	Convulsive Seizure Frequency (CSF) per 28 days during the OLE Treatment Period (to Month 36)
-----------------	--

## End point description:

Monthly (28 day) CSF was based on electronic diary data obtained for each participant. The total number of convulsive seizures in the  $i$ th interval (CSF in OLE, where,  $i=1, 2, 3, \dots, 14$ ) was divided by the total number of days in the  $i$ th interval with nonmissing diary data and the result was then multiplied by 28 to get a 28-day CSF of OLE. mITT population included all enrolled participants who received at least one dose of ZX008 and had at least 1 month of valid seizure data during the OLE. Here, 'n' signifies participants who were evaluable at specified time points.

End point type	Secondary
----------------	-----------

## End point timeframe:

At Month 1, Month 2, Month 3, Month 4-6, Month 7-9, Month 10-12, Month 13-15, Month 16-18, Month 19-21, Month 22-24, Month 25-27, Month 28-30, Month 31-33, and Month 34-36

End point values	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	324			
Units: seizure frequency per 28 days				
median (full range (min-max))				
Month 1 (n=324)	6.53 (0.0 to 4876.9)			
Month 2 (n= 323)	4.67 (0.0 to 3392.7)			
Month 3 (n= 320)	4.67 (0.0 to 2593.7)			
Month 4-6 (n= 316)	4.36 (0.0 to 1725.5)			
Month 7-9 (n= 299)	3.82 (0.0 to 310.8)			
Month 10-12 (n= 284)	4.04 (0.0 to 362.4)			
Month 13-15 (n= 280)	3.11 (0.0 to 215.0)			
Month 16-18 (n= 262)	3.42 (0.0 to 243.3)			
Month 19-21 (n= 247)	3.42 (0.0 to 372.4)			
Month 22-24 (n= 234)	2.80 (0.0 to 489.5)			
Month 25-27 (n= 187)	2.80 (0.0 to 747.3)			
Month 28-30 (n= 151)	2.80 (0.0 to 242.5)			
Month 31-33 (n= 116)	3.21 (0.0 to 224.0)			
Month 34-36 (n= 73)	2.74 (0.0 to 56.0)			

## Statistical analyses

No statistical analyses for this end point

### Secondary: Change From Baseline (Core) in Convulsive Seizure Frequency per 28 days from Month 2 to EOS (Month 42) in the OLE Treatment Period

End point title	Change From Baseline (Core) in Convulsive Seizure Frequency per 28 days from Month 2 to EOS (Month 42) in the OLE Treatment Period
-----------------	--

#### End point description:

Baseline (Core) was defined as Baseline prior to double-blind treatment in the core studies. Participants in 1504-Cohort 1 and de novo participants did not have a Baseline (Core), and were not included in the analysis of this outcome measure. The total number of convulsive seizures from Month 2 to EOS was divided by the total number of days from Month 2 to EOS with nonmissing diary data and the result was then multiplied by 28 to get a 28-day CSF. The change from Baseline for any individual participant was calculated by subtracting the Baseline (Core) from the post-baseline value. Monthly (28 day) CSF was based on electronic diary data obtained for each participant. mITT population included all enrolled participants who received at least one dose of ZX008 and had at least 1 month of valid seizure data during the OLE. Here, number of participants analyzed included those participants who were evaluable for the assessment.

End point type	Secondary
----------------	-----------

#### End point timeframe:

From Month 2 to End of OLE Treatment Period (EOS Visit - up to Month 42), compared to Baseline (Core)

End point values	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	323			
Units: seizure frequency per 28 days				
median (full range (min-max))	-7.04 (-1986.9 to 816.4)			

## Statistical analyses

No statistical analyses for this end point

### Secondary: Convulsive Seizure Frequency (CSF) by Mean Daily Dose during the overall OLE Treatment Period

End point title	Convulsive Seizure Frequency (CSF) by Mean Daily Dose during the overall OLE Treatment Period
-----------------	---

#### End point description:

Convulsive seizure frequency over time, reported as per 28 days was analyzed by the actual dose administered. Participants were grouped into low (0.2 to <0.4 mg/kg), medium (0.4 to <0.6 mg/kg),

and high dose (>0.6 mg/kg) groups depending on their mean daily doses of ZX008 during the OLE Treatment period. For each participant, the seizure frequency per 28 days was calculated as the number of seizures recorded during the period, divided by the number of days in the period and multiplied by 28. The convulsive seizure frequency was calculated from all available data collected. mITT population included all enrolled participants who received at least one dose of ZX008 and had at least 1 month of valid seizure data during the OLE. Here, 'n' represents the number of participants categorized by mean daily dose.

End point type	Secondary
End point timeframe:	
From Day 1 to End of OLE Treatment Period - End of Study (EOS) Visit (Month 42)	

<b>End point values</b>	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	324			
Units: seizure frequency per 28 days				
median (full range (min-max))				
ZX008 Low Dose (0 - <0.4 mg/kg/day) (n=90)	3.94 (0.0 to 2215.3)			
ZX008 Medium Dose (0.4 - <0.6 mg/kg/day) (n=113)	4.80 (0.0 to 113.6)			
ZX008 High Dose (>=0.6 mg/kg/day) (n=121)	6.00 (0.1 to 942.8)			

## Statistical analyses

No statistical analyses for this end point

## Secondary: Percentage of participants With Changes in antiepileptic drug (AED) medications during first 6 months of OLE Treatment Period

End point title	Percentage of participants With Changes in antiepileptic drug (AED) medications during first 6 months of OLE Treatment Period
-----------------	---

End point description:

Participants in the study were required to be on stable background therapy for the first 6 months of treatment, after which background AEDs could be reduced or withdrawn so long as one background AED remained. The percentage of participants who had changes in dose or type of concomitant AED medications during the first, second, third, fourth, fifth, and sixth months were analyzed and reported. mITT population included all enrolled participants who received at least one dose of ZX008 and had at least 1 month of valid seizure data during the OLE.

End point type	Secondary
End point timeframe:	
At Month 1, 2, 3, 4, 5, and 6 of OLE Treatment Period	

<b>End point values</b>	Any ZX008 Open Label Dose			
Subject group type	Reporting group			
Number of subjects analysed	324			
Units: percentage of participants				
number (not applicable)				
OLE Month 1	5.2			
OLE Month 2	7.1			
OLE Month 3	7.4			
OLE Month 4	8.3			
OLE Month 5	6.8			
OLE Month 6	9.6			

### Statistical analyses

No statistical analyses for this end point

## Adverse events

### Adverse events information

Timeframe for reporting adverse events:

From Day 1 up to 42 months

Adverse event reporting additional description:

A TEAE was defined as any AE that based on start date information occurs after the first intake of study treatment. The Safety (SAF) population was the set of all enrolled subjects who received at least one dose of ZX008 during the OLE. As pre-specified in the SAP, safety analyses were performed on the SAF Population.

Assessment type	Non-systematic
-----------------	----------------

### Dictionary used

Dictionary name	MedDRA
-----------------	--------

Dictionary version	19.0
--------------------	------

### Reporting groups

Reporting group title	Any ZX008 Open Label Dose
-----------------------	---------------------------

Reporting group description:

Participants received ZX008 0.2 milligram per kilogram per day (mg/kg/day) as an oral solution, twice a day (bid), in equally divided doses with food for 1 month. After 1 month, investigator might have adjusted the dose of each participant based on effectiveness and tolerability. Participants who were not receiving concomitant stiripentol, dose changes should be made in increments of 0.2 mg/kg/day, to a maximum of 0.8 mg/kg/day but not to exceed total dose of 30 mg/day for 42 months of OLE Period. Participants who were receiving concomitant stiripentol, the first dose change was 0.4 mg/kg/day and the final dose change was to 0.5 mg/kg/day, but not to exceed 20 mg/day for 42 months of OLE Period.

Serious adverse events	Any ZX008 Open Label Dose		
Total subjects affected by serious adverse events			
subjects affected / exposed	99 / 374 (26.47%)		
number of deaths (all causes)	3		
number of deaths resulting from adverse events	0		
Surgical and medical procedures			
Labial frenectomy			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
General disorders and administration site conditions			
Hypothermia			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Abasia			

subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Fatigue			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Sudden unexplained death in epilepsy			
subjects affected / exposed	3 / 374 (0.80%)		
occurrences causally related to treatment / all	0 / 3		
deaths causally related to treatment / all	0 / 3		
Impaired healing			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Respiratory, thoracic and mediastinal disorders			
Apnoea			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Acute respiratory failure			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Acute respiratory distress syndrome			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Respiratory distress			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Psychiatric disorders			



Tic			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Insomnia			
subjects affected / exposed	3 / 374 (0.80%)		
occurrences causally related to treatment / all	0 / 3		
deaths causally related to treatment / all	0 / 0		
Apathy			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		
Agitation			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Acute psychosis			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 4		
deaths causally related to treatment / all	0 / 0		
Investigations			
Blood glucose decreased			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Heart rate decreased			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Injury, poisoning and procedural complications			
Abdominal injury			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		

Ankle fracture				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Cervical vertebral fracture				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Concussion				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Drug dose omission				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Femur fracture				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Foreign body aspiration				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Hand fracture				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Head injury				
subjects affected / exposed	2 / 374 (0.53%)			
occurrences causally related to treatment / all	0 / 2			
deaths causally related to treatment / all	0 / 0			
Lower limb fracture				

subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Near drowning			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Cardiac disorders			
Supraventricular tachycardia			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Atrioventricular block second degree			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Nervous system disorders			
Lethargy			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Hypotonia			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Hyperkinesia			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	1 / 2		
deaths causally related to treatment / all	0 / 0		
Generalised tonic-clonic seizure			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	0 / 4		
deaths causally related to treatment / all	0 / 0		
Febrile convulsion			

subjects affected / exposed	2 / 374 (0.53%)			
occurrences causally related to treatment / all	0 / 2			
deaths causally related to treatment / all	0 / 0			
Epilepsy				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Encephalopathy				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Dystonia				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Change in seizure presentation				
subjects affected / exposed	5 / 374 (1.34%)			
occurrences causally related to treatment / all	2 / 6			
deaths causally related to treatment / all	0 / 0			
Cerebral haemorrhage				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Status epilepticus				
subjects affected / exposed	15 / 374 (4.01%)			
occurrences causally related to treatment / all	1 / 18			
deaths causally related to treatment / all	0 / 0			
Seizure cluster				
subjects affected / exposed	6 / 374 (1.60%)			
occurrences causally related to treatment / all	0 / 9			
deaths causally related to treatment / all	0 / 0			
Seizure				

subjects affected / exposed	21 / 374 (5.61%)		
occurrences causally related to treatment / all	2 / 26		
deaths causally related to treatment / all	0 / 0		
Petit mal epilepsy			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		
Myoclonus			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		
Movement disorder			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	1 / 2		
deaths causally related to treatment / all	0 / 0		
Gastrointestinal disorders			
Colitis			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Constipation			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Diarrhoea haemorrhagic			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Duodenal perforation			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Enterovesical fistula			

subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Haematemesis			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Pancreatitis			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Tooth disorder			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Dysphagia			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Skin and subcutaneous tissue disorders			
Erythema multiforme			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Urticaria			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Musculoskeletal and connective tissue disorders			
Foot deformity			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		

Aneurysmal bone cyst			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Infections and infestations			
Atypical pneumonia			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Bronchitis			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Postoperative wound infection			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Cellulitis			
subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Enterovirus infection			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Epididymitis			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Epstein-Barr virus infection			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Gastroenteritis			

subjects affected / exposed	3 / 374 (0.80%)			
occurrences causally related to treatment / all	0 / 3			
deaths causally related to treatment / all	0 / 0			
Gastroenteritis viral				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Helicobacter infection				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Infectious mononucleosis				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Influenza				
subjects affected / exposed	7 / 374 (1.87%)			
occurrences causally related to treatment / all	0 / 8			
deaths causally related to treatment / all	0 / 0			
Lower respiratory tract infection				
subjects affected / exposed	3 / 374 (0.80%)			
occurrences causally related to treatment / all	0 / 3			
deaths causally related to treatment / all	0 / 0			
Lung infection				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Otitis media acute				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Pharyngitis				



subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Pneumonia				
subjects affected / exposed	12 / 374 (3.21%)			
occurrences causally related to treatment / all	0 / 15			
deaths causally related to treatment / all	0 / 0			
Bronchitis viral				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Respiratory syncytial virus infection				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Rhinovirus infection				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 2			
deaths causally related to treatment / all	0 / 0			
Sepsis				
subjects affected / exposed	3 / 374 (0.80%)			
occurrences causally related to treatment / all	0 / 4			
deaths causally related to treatment / all	0 / 0			
Tonsillitis				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Upper respiratory tract infection				
subjects affected / exposed	1 / 374 (0.27%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Urinary tract infection				

subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Varicella			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Viral infection			
subjects affected / exposed	5 / 374 (1.34%)		
occurrences causally related to treatment / all	0 / 5		
deaths causally related to treatment / all	0 / 0		
Viral pharyngitis			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Viral upper respiratory tract infection			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Metabolism and nutrition disorders			
Hyponatraemia			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	1 / 2		
deaths causally related to treatment / all	0 / 0		
Hyperammonaemia			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Feeding intolerance			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Dehydration			

subjects affected / exposed	2 / 374 (0.53%)		
occurrences causally related to treatment / all	1 / 3		
deaths causally related to treatment / all	0 / 0		
Decreased appetite			
subjects affected / exposed	1 / 374 (0.27%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 0		

Frequency threshold for reporting non-serious adverse events: 5 %

<b>Non-serious adverse events</b>	Any ZX008 Open Label Dose		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	342 / 374 (91.44%)		
Investigations			
Weight decreased			
subjects affected / exposed	31 / 374 (8.29%)		
occurrences (all)	33		
Echocardiogram abnormal			
subjects affected / exposed	67 / 374 (17.91%)		
occurrences (all)	82		
Blood glucose decreased			
subjects affected / exposed	88 / 374 (23.53%)		
occurrences (all)	115		
Injury, poisoning and procedural complications			
Fall			
subjects affected / exposed	25 / 374 (6.68%)		
occurrences (all)	26		
Nervous system disorders			
Tremor			
subjects affected / exposed	21 / 374 (5.61%)		
occurrences (all)	24		
Somnolence			
subjects affected / exposed	35 / 374 (9.36%)		
occurrences (all)	38		
Seizure			

subjects affected / exposed	46 / 374 (12.30%)		
occurrences (all)	60		
General disorders and administration site conditions			
Pyrexia			
subjects affected / exposed	112 / 374 (29.95%)		
occurrences (all)	229		
Fatigue			
subjects affected / exposed	34 / 374 (9.09%)		
occurrences (all)	49		
Gastrointestinal disorders			
Vomiting			
subjects affected / exposed	39 / 374 (10.43%)		
occurrences (all)	50		
Diarrhoea			
subjects affected / exposed	73 / 374 (19.52%)		
occurrences (all)	102		
Constipation			
subjects affected / exposed	23 / 374 (6.15%)		
occurrences (all)	34		
Respiratory, thoracic and mediastinal disorders			
Cough			
subjects affected / exposed	34 / 374 (9.09%)		
occurrences (all)	55		
Skin and subcutaneous tissue disorders			
Rash			
subjects affected / exposed	20 / 374 (5.35%)		
occurrences (all)	20		
Psychiatric disorders			
Irritability			
subjects affected / exposed	19 / 374 (5.08%)		
occurrences (all)	23		
Abnormal behaviour			
subjects affected / exposed	22 / 374 (5.88%)		
occurrences (all)	28		
Infections and infestations			

Ear infection			
subjects affected / exposed	39 / 374 (10.43%)		
occurrences (all)	56		
Gastroenteritis			
subjects affected / exposed	32 / 374 (8.56%)		
occurrences (all)	34		
Gastroenteritis viral			
subjects affected / exposed	20 / 374 (5.35%)		
occurrences (all)	21		
Viral infection			
subjects affected / exposed	27 / 374 (7.22%)		
occurrences (all)	40		
Upper respiratory tract infection			
subjects affected / exposed	65 / 374 (17.38%)		
occurrences (all)	117		
Rhinitis			
subjects affected / exposed	32 / 374 (8.56%)		
occurrences (all)	62		
Nasopharyngitis			
subjects affected / exposed	104 / 374 (27.81%)		
occurrences (all)	224		
Influenza			
subjects affected / exposed	45 / 374 (12.03%)		
occurrences (all)	50		
Viral upper respiratory tract infection			
subjects affected / exposed	19 / 374 (5.08%)		
occurrences (all)	36		
Metabolism and nutrition disorders			
Hypoglycaemia			
subjects affected / exposed	32 / 374 (8.56%)		
occurrences (all)	35		
Decreased appetite			
subjects affected / exposed	100 / 374 (26.74%)		
occurrences (all)	112		

## More information

### Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
31 May 2016	<p>Amendment 1.2-Important clarifications and changes were made to the protocol and included the following:</p> <ul style="list-style-type: none"><li>• Addition of Study 1504 as a core study contributing subjects to this study, including updates/additions as appropriate in exploratory objectives, planned number of subjects/study centers, inclusion/exclusion criteria, study design, treatment administration, prohibited concomitant medication, study visits, assessments specific to Study 1504 subjects only, statistical methods, etc.</li><li>• Clarified the use of concomitant AED treatments</li><li>• Clarified the dose adjustment parameters in the first month of the study</li><li>• Updated risk-benefit for the study</li><li>• Updated prohibited medication/food section to include the prohibition of alcohol</li><li>• Clarified how ongoing AEs from the core studies were to be handled in this study</li></ul>
01 November 2016	<p>Amendment 2.0- Clarifications and changes were made to the protocol, including changes requested based on feedback received from the United States Food and Drug Administration, and included the following:</p> <ul style="list-style-type: none"><li>• Added the criteria for dose adjustments outside the protocol-specified range for safety and/or efficacy</li><li>• Clarified the criteria on inclusion for subjects who did not complete the 12-week Maintenance period of the core study</li><li>• Added Pediatric Quality of Life Inventory (PedsQL) Family Impact module as an effectiveness endpoint</li><li>• Reproduction requirements were updated and clarified</li><li>• Clarified the transition from the core study to the OLE study</li><li>• Clarified the timing of the echocardiogram (ECHO) - moved from Week 6 to Month 1</li><li>• Clarified the timing of the cardiac follow-up visits</li><li>• Added guidance consistent with the Seattle Children's Research Foundation for volume of blood collected from children</li><li>• Severity of valve regurgitation (tricuspid or pulmonary) was changed</li><li>• Clarified the process for SAE reporting</li><li>• Added the requirement for pharmacokinetic (PK) as soon as feasible after an SAE</li></ul>
05 May 2017	<p>Amendment 3.0- Clarifications and changes were made to the protocol, and included the following:</p> <ul style="list-style-type: none"><li>• Extend the study duration to 2 years (24 months)</li><li>• Clarified the methodology sections regarding dosing for subjects who entered the open label extension trial from core studies and increased the study duration to 24 months</li><li>• Updated the Risk Benefit Assessment with regards to ZX008 doses administered in the core studies</li><li>• Increased number of subjects expected to enroll in the study</li><li>• Clarified the timing for cardiac follow up visits and increased study duration to 2 years (24 months)</li><li>• Updated the study drug doses for open-label Treatment period</li><li>• Added visit windows for year 2 visits and clarified timing of the cardiac follow up visits in Table 6 "Time Windows for Assessments"</li><li>• Clarified the timing and observation period for reporting of AEs</li><li>• Clarified the process for SAE reporting</li></ul>

02 February 2018	<p>Amendment 4.0- Clarifications and changes were made to the protocol, and included the following:</p> <ul style="list-style-type: none"> <li>• Updated number of enrolled subjects to 340 from the core studies and up to 50 subjects who did not participate in the core studies (de novo) • Included eligibility criteria for de novo subjects aged &gt; 18 to 35 years of age; provided summary of eligibility, clarified language, for de novo adult subjects</li> <li>• Adjusted duration of study to approximately 36 months • Updated rationale to provide risk-benefit assessment that included results from Study 1. • Clarified that seizure comparisons would include the time when dose was stable • Included clinical data results from double-blind, controlled study (Study 1) • Clarified dose changes for subjects receiving and not receiving stiripentol • Corrected procedures for postdose Visit 13</li> <li>• Clarified cardiac follow-up visits • Updated estimated blood volume to be collected • Clarified age range for PedsQL</li> <li>• Clarified how to code and report SAEs • Clarified ECHO reading severity (trace and mild) and oversight based on patient age</li> </ul>
03 August 2020	<p>Amendment 5.0- Clarifications and changes were made to the protocol, and included the following:</p> <ul style="list-style-type: none"> <li>• Included study conduct information for the COVID-19 pandemic • Updated background information related to existing treatments for Dravet and additional clinical and pre-clinical study data available in the updated ZX008 Investigator's Brochure (IB) • Updated language for subjects transitioning to another extension study or to commercial drug • Updated number of study centers to include Japan</li> </ul>

Notes:

## Interruptions (globally)

Were there any global interruptions to the trial? No

## Limitations and caveats

None reported