EpiFOS STUDY

Design of the EpiFOS Study

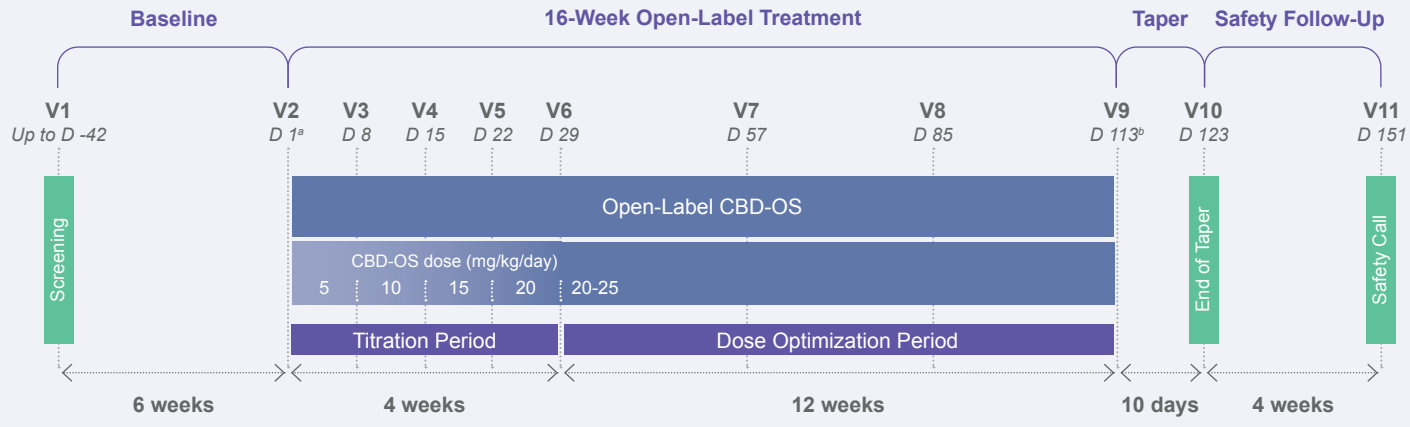
A Phase 1b, Multicenter, Open-Label, Single-Arm Study

Study Rationale

- Focal-onset seizures (FOS) are the most common seizure type, affecting up to 61% of people with epilepsy[1,2]
- FOS can occur at any age, with peaks in childhood/adolescence and again after age 60[3,4]
- Approximately 40% of patients have treatment-resistant seizures[5]
- Uncontrolled FOS contributes to neuropsychiatric impairment, social disability, reduced quality of life, and increased injury and mortality risks due to seizures, including sudden unexpected death in epilepsy[6,7]
- Plant-derived, highly purified cannabidiol oral solution (CBD-OS; Epidiolex® [US]/Epidyolex® [EU],100 mg/mL oral solution) is approved in the United States for the treatment of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, and tuberous sclerosis complex (TSC) in patients aged ≥1 year[8]
- Over 90% of people with TSC-associated seizures experience FOS,[9] and data from the CBD-OS expanded access program suggest that CBD-OS can reduce FOS frequency irrespective of etiology[10-12]

Study Objective

EpiFOS is an exploratory study that will investigate the efficacy and safety of CBD-OS for the treatment of FOS in adolescents and adults with early-line or refractory FOS.[13]



[a]Visit 2 study assessments will be completed over 2 days (D -1 and D 1) for substudy participants. [b]End of treatment or early discontinuation.
CBD-OS, cannabidiol oral solution; D, day; V, visit.

Primary Endpoint[13]

Percentage change from baseline in countable FOS frequency.

Additional Endpoints[13]

This study will also examine pharmacokinetics, safety, and potential predictors or mediators of treatment response.

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Study Design

This phase 1b, multicenter, open-label, single-arm study will target enrollment of approximately 100 participants with FOS across 25 sites in the United States.[13]

- The study has 4 periods:
  - 6-week baseline period
  - 16-week open-label treatment period, including
    - 4-week titration period
    - 12-week dose optimization period
  - 10-day taper period
  - 4-week safety follow-up period

Dose Titration and Optimization

- During the 4-week titration period, participants will initiate CBD-OS as add-on therapy to their existing ASMs at a dose of 5 mg/kg/day, which will be increased by 5 mg/kg/day at weekly intervals up to 20 mg/kg/day
- During the dose optimization period, CBD-OS can be increased up to a maximum dose of 25 mg/kg/day for efficacy (or decreased for tolerability)
- A site-specific substudy will explore predictors of treatment response using functional magnetic resonance imaging and neuropsychiatric assessments in up to 60 participants with FOS and approximately 30 healthy volunteers[13]

Key Inclusion Criteria[13]

- Documented diagnosis of focal epilepsy[14]
- 12–75 years of age at screening
- Currently treated with 1–4 ASMs on a stable regimen

Key Exclusion Criteria[13]

- Diagnosis of non-epileptic seizures or events that may confound the assessment of efficacy measures
- Clinically significant unstable medical condition(s) other than epilepsy
- History of suicidal behavior, current suicidal risk, or presence of active suicidal ideation
- Known or suspected sensitivity to cannabinoids or any excipients of the study intervention (e.g., sesame oil)
- Currently treated or received treatment with CBD-OS within 28 days prior to screening
- Currently using or has used recreational or medicinal cannabis or cannabinoid-based medications, products, or supplements within 28 days prior to screening, and/or is unwilling to abstain for the duration of the study
- Only nonmotor-onset seizures or primary generalized epilepsies present

The EpiFOS study is currently recruiting. If you are interested in participating as a study site or for more information, please contact **ClinicalTrialDisclosure@JazzPharma.com**

This communication is not intended to endorse cannabidiol for non-FDA approved uses[8]

References

1. Ioannou P, et al. *Brain Behav*. 2022;12(9):e2589. **2.** Gupta S, et al. *Epilepsia Open*. 2017;2(2):199–213. **3.** Riney K, et al. *Epilepsia*. 2022;63(6):1443–1474. **4.** Punia V, et al. *Seizure*. 2025;128:68–73. **5.** Chen Z, et al. *JAMA Neurol*. 2018;75(3):279–286. **6.** Sperling MR. *CNS Spectr*. 2004;9(2):98–101,106–109. **7.** Garcia ME, et al. *Epilepsy Res*. 2015;110:157–165. **8.** US Food and Drug Administration. Epidiolex® Prescribing Information. 2025. Accessed September 2, 2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/210365s021lbl.pdf. **9.** Chu-Shore CJ, et al. *Epilepsia*. 2010;51(7):1236–1241. **10.** Patel AD, et al. *Epilepsia*. Published online July 17, 2025. doi: 10.1111/epi.18496. **11.** Park YD, et al. Poster presented at AES 2023 (Poster 3.291).**12.** Szaflarski JP, et al. Poster presented at: American Epilepsy Society Annual Meeting 2023; poster 3.293. **13.** Data on File. Jazz Pharmaceuticals.Study protocol JZP926-105. **14.** Fisher RS, et al. *Epilepsia*. 2017;58(4):522–530.

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