



Ryan

Age: 42

Occupation:
Physical therapist

Diagnosis: Narcolepsy without cataplexy (narcolepsy type 2; diagnosed 9 years ago)

Reason for visit:
Routine 6-month visit
• *Ongoing EDS*

Ongoing Symptoms

- Feels “exhausted all the time”; lapses into drowsiness and sleep that affect functioning at work and during other daily activities
 - ESS score of 15

Clinical History

- OSA (diagnosed 15 years ago)
 - RDI 19.9, minimum SpO2 87% on PSG
- Narcolepsy without cataplexy (narcolepsy type 2; diagnosed 9 years ago)
 - Mean sleep latency 0.8 min and 4 SOREMPs on MSLT at diagnosis
 - RDI 3.9 on PSG with CPAP
 - No evidence of other primary sleep disorders on PSG or during clinical interview
 - No evidence of cataplexy during clinical interview
 - ESS score of 17 at diagnosis

Previous Medications

- Wake-promoting agents
- Stimulants

Current Therapy

- CPAP (initiated 15 years ago)

Treatment Decision

- Initiated WAKIX to treat ongoing EDS in narcolepsy

CPAP, continuous positive airway pressure; EDS, excessive daytime sleepiness; ESS, Epworth Sleepiness Scale; MSLT, Multiple Sleep Latency Test; OSA, obstructive sleep apnea; PSG, polysomnogram; RDI, respiratory disturbance index; SOREMP, sleep-onset REM period; SpO2, oxygen saturation.

Indications and Usage

- WAKIX is indicated for the treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients with narcolepsy and for the treatment of excessive daytime sleepiness (EDS) in pediatric patients 6 years of age and older with narcolepsy.

Important Safety Information

Contraindications

- WAKIX is contraindicated in patients with known hypersensitivity to pitolisant or any component of the formulation. Anaphylaxis has been reported. WAKIX is also contraindicated in patients with severe hepatic impairment.

Warnings and Precautions

- WAKIX prolongs the QT interval. Avoid use of WAKIX in patients with known QT prolongation or in combination with other drugs known to prolong the QT interval. Avoid use in patients with a history of cardiac arrhythmias, as well as other circumstances that may increase the risk of the occurrence of torsade de pointes or sudden death, including symptomatic bradycardia, hypokalemia or hypomagnesemia, and the presence of congenital prolongation of the QT interval.
- The risk of QT prolongation may be greater in patients with hepatic or renal impairment due to higher concentrations of pitolisant; monitor these patients for increased QTc. Dosage modification is recommended in patients with moderate hepatic impairment and moderate or severe renal impairment. WAKIX is contraindicated in patients with severe hepatic impairment and not recommended in patients with end-stage renal disease (ESRD).

Based on an actual patient case provided by:



Gerard Meskill, MD, FAASM

Psychiatrist & Sleep Specialist
Tricoastal Narcolepsy and Sleep Disorders Center
Sugar Land, Texas



Ryan

42-year-old
physical
therapist



Why WAKIX?

- Different mechanism of action
- Not a stimulant
- Not a controlled substance

Setting Patient Expectations

Ryan was advised:



WAKIX is not a controlled substance



WAKIX should be taken once daily in the morning upon waking



It may take up to 8 weeks for some patients to achieve a clinical response



WAKIX is not a stimulant

WAKIX Titration and Administration

- WAKIX was initiated at a dosage of 8.9 mg once daily and titrated weekly to the maximum recommended dosage of 35.6 mg once daily by Week 3
 - Administered once daily in the morning upon waking

Clinical Outcome

- At his 6-week follow-up appointment, Ryan reported a reduction in EDS at a stable dosage of 35.6 mg once daily
 - ESS score of 12
 - Reported feeling less likely to doze or fall asleep during afternoon activities

Not all patients respond equally to WAKIX. Individual results may vary.



After initiating treatment with WAKIX, it's important to regularly assess patients for symptom improvement and tolerability

EDS, excessive daytime sleepiness; ESS, Epworth Sleepiness Scale.

Important Safety Information

Adverse Reactions

- In the placebo-controlled clinical trials conducted in adult patients with narcolepsy with or without cataplexy, the most common adverse reactions ($\geq 5\%$ and at least twice placebo) for WAKIX were insomnia (6%), nausea (6%), and anxiety (5%). Other adverse reactions that occurred at $\geq 2\%$ and more frequently than in patients treated with placebo included headache, upper respiratory tract infection, musculoskeletal pain, heart rate increased, hallucinations, irritability, abdominal pain, sleep disturbance, decreased appetite, cataplexy, dry mouth, and rash.
- In the placebo-controlled phase of the clinical trial conducted in pediatric patients 6 years and older with narcolepsy with or without cataplexy, the most common adverse reactions ($\geq 5\%$ and greater than placebo) for WAKIX were headache (19%) and insomnia (7%). The overall adverse reaction profile of WAKIX in the pediatric clinical trial was similar to that seen in the adult clinical trial program.

Wakix[®]
pitolisant tablets

For adult patients with narcolepsy, like Ryan:



Why WAKIX?



Not a controlled substance



Different mechanism of action



Established efficacy and safety in adult and pediatric clinical studies in narcolepsy



No clinically important pharmacokinetic (PK) interactions with modafinil or sodium oxybate demonstrated in a clinical PK study in adults¹



Convenient, once-daily morning dosing

Important Safety Information

Drug Interactions

- Concomitant administration of WAKIX with strong CYP2D6 inhibitors increases pitolisant exposure by 2.2-fold. Reduce the dose of WAKIX by half.
- Concomitant use of WAKIX with strong CYP3A4 inducers decreases exposure of pitolisant by 50%. Dosage adjustments may be required.
- H₁ receptor antagonists that cross the blood-brain barrier may reduce the effectiveness of WAKIX. Patients should avoid centrally acting H₁ receptor antagonists.
- WAKIX is a borderline/weak inducer of CYP3A4. WAKIX may reduce the effectiveness of sensitive CYP3A4 substrates, including hormonal contraceptives. Patients using hormonal contraception should be advised to use an alternative non-hormonal contraceptive method during treatment with WAKIX and for at least 21 days after discontinuing treatment.

Use in Specific Populations

- There is a pregnancy exposure registry that monitors pregnancy outcomes in women who are exposed to WAKIX during pregnancy. Patients should be encouraged to enroll in the WAKIX pregnancy registry if they become pregnant. To enroll or obtain information from the registry, patients can call 1-800-833-7460.
- The safety and effectiveness of WAKIX have not been established for the treatment of excessive daytime sleepiness in pediatric patients less than 6 years of age with narcolepsy. The safety and effectiveness of WAKIX have not been established for the treatment of cataplexy in pediatric patients with narcolepsy.
- WAKIX is extensively metabolized by the liver. WAKIX is contraindicated in patients with severe hepatic impairment. Dosage adjustment is recommended in patients with moderate hepatic impairment.
- WAKIX is not recommended in patients with end-stage renal disease. Dosage adjustment of WAKIX is recommended in patients with eGFR <60 mL/minute/1.73 m².
- Dosage reduction is recommended in patients known to be poor CYP2D6 metabolizers; these patients have higher concentrations of WAKIX than normal CYP2D6 metabolizers.

To report suspected adverse reactions, contact Harmony Biosciences at 1-800-833-7460 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Reference

1. Data on file. Harmony Biosciences.

Visit WAKIXhcp.com to view more WAKIX patient case studies



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