Ben

Age: 26

Occupation:
Student

Diagnosis:
Narcolepsy with cataplexy (narcolepsy type 1; newly diagnosed)

Reason for visit:
- *EDS*

Ongoing Symptoms

- Ongoing EDS
  - Falls asleep while reading/studying; reports he "can't keep his eyes open"
  - ESS score of 18
- Thorough clinical interview reveals presence of cataplexy
  - Reports drooping of eyes and mouth, occasional hand weakness with excitement/ hearing jokes; ~7 attacks per week

Clinical History

- Occasional alcohol use
- Obesity

Diagnostic Testing

- Clinical interview and PSG/MSLT testing reveal narcolepsy with cataplexy (narcolepsy type 1)
  - Mean sleep latency 2 min and 5 SOREMPs on MSLT
  - No evidence of other primary sleep disorders on PSG or during clinical interview

Treatment Decision

- Initiated WAKIX to treat EDS and cataplexy in narcolepsy

EDS, excessive daytime sleepiness; ESS, Epworth Sleepiness Scale; MSLT, Multiple Sleep Latency Test; PSG, polysomnogram; SOREMP, sleep-onset REM period.

Based on an actual patient case provided by:

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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).

Wakix® pitolisant tablets

Ben
26-year-old student

Why WAKIX?

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

Setting Patient Expectations

Ben was advised:

WAKIX is not a controlled substance

WAKIX should be taken once daily in the morning upon wakening

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 wakening

Clinical Outcome

- At follow-up, Ben reported a reduction in EDS and cataplexy at a stable dosage of 35.6 mg once daily
  - ESS score of 13
  - Approximately 3 cataplexy attacks per week

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 (≥5% and at least twice placebo) for WAKIX were insomnia (6%), nausea (6%), and anxiety (5%). Other adverse reactions that occurred at ≥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 (≥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 Ben:

Why WAKIX?

Wakix® pitolisant tablets

- 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 adults[1]
- 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.
- H_1 receptor antagonists that cross the blood-brain barrier may reduce the effectiveness of WAKIX. Patients should avoid centrally acting H_1 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 m^2.
- 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

HARMONY BIOSCIENCES

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