



Melissa

Age: 45

Occupation:

Computer scientist

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

Reason for visit:

New patient visit

- EDS

Ongoing Symptoms

- Persistent, long-standing EDS; unable to stay awake and alert
 - ESS score of 14
- Describes EDS as “chronic fatigue”
- Thorough clinical interview reveals presence of cataplexy
 - Reports being “clumsy” when she is nervous, unable to type or hold a pen

Clinical History

- Depression

Current Medications

- Antidepressant

Diagnostic Testing

- Clinical interview and PSG/MSLT testing reveal narcolepsy with cataplexy (narcolepsy type 1)
 - Mean sleep latency 6.4 min and 2 SOREMPs on MSLT
 - Unable to discontinue antidepressant prior to MSLT
 - Cataplexy elicited during clinical interview at diagnosis

Treatment Decision

- Initiated WAKIX to treat ongoing EDS and cataplexy in narcolepsy

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

Based on an actual patient case provided by Haramandeep Singh, MD.

Indications and Usage

- WAKIX is indicated for the treatment of excessive daytime sleepiness (EDS) or cataplexy in adult patients 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 (see full prescribing information). WAKIX is not recommended in patients with end-stage renal disease (ESRD).

Wakix[®]
pitolisant tablets

Melissa

45-year-old
computer
scientist



Why WAKIX?

- Different mechanism of action
- Not a stimulant

Setting Patient Expectations

Melissa was advised:



WAKIX is not a controlled substance



WAKIX should be taken once daily in the morning as soon as she wakes up



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 follow-up, Melissa reported reductions in EDS and cataplexy at a stable dosage of 35.6 mg once daily

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.

Important Safety Information

Adverse Reactions

- In the placebo-controlled clinical trials conducted in 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.

Wakix[®]
pitolisant tablets

For adult patients with narcolepsy, like Melissa:



Why WAKIX?



Different mechanism of action



Not a controlled substance



Evaluated in multiple clinical studies and FDA approved in 2019



Treats both excessive daytime sleepiness (EDS) and cataplexy in adults with narcolepsy with once-daily morning dosing



Established safety and tolerability profile in clinical studies

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 (see full prescribing information).
- 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. Therefore, reduced effectiveness of sensitive CYP3A4 substrates may occur when used concomitantly with WAKIX. The effectiveness of hormonal contraceptives may be reduced when used with WAKIX and effectiveness may be reduced for 21 days after discontinuation of therapy.

Use in Specific Populations

- WAKIX may reduce the effectiveness of 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.

- 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 in patients less than 18 years of age.
- WAKIX is extensively metabolized by the liver. WAKIX is contraindicated in patients with severe hepatic impairment. Dosage adjustment is required 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 moderate or severe renal impairment.
- 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.

Visit WAKIXhcp.com to view more WAKIX patient case studies



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