Histamine Plays an Important Role in Promoting and Stabilizing Wakefulness¹⁻³

In the brain, hypocretin (orexin) and histamine neurons play complementary roles⁴

- Hypocretin and histamine promote wakefulness by activating the cortex and wake-promoting neurons^{2,3}
- Hypocretin and histamine help stabilize wakefulness by inhibiting sleep-promoting neurons (non-REM and REM)¹⁻³



In the brain, histamine acts as a key wake-promoting neurotransmitter^{1,6}

- Histamine is synthesized in the presynaptic neuron¹
- When released into the synapse, histamine binds to postsynaptic H₁ receptors¹

${\rm H_1}$ and ${\rm H_3}$ receptors modulate histamine neuronal activity in the brain 1



 $H_{\rm 3}$ receptors are found primarily in the brain and help regulate histamine synthesis and release^{1.79}

 Normally, when synaptic histamine levels are high, histamine binds to H₃ autoreceptors to inhibit further synthesis and release of histamine in the brain^{1,7}



 H_1 receptors increase neuronal activity, which allows for communication with brain regions important for sleep and wakefulness^{1,2,7}

H1, histamine 1; H3, histamine 3.



WAKIX Has a Different Mechanism of Action

The mechanism of action (MOA) of WAKIX in excessive daytime sleepiness (EDS) in patients 6 years and older with narcolepsy or cataplexy in adult patients with narcolepsy is unclear; however, its efficacy could be mediated through its activity as an antagonist/inverse agonist at histamine 3 (H_3) receptors, which results in increased histamine levels in the brain.





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).

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.

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 adults¹⁵



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.

Learn more about the MOA of WAKIX at WAKIXhcp.com

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