

Wakix for Excessive Daytime Sleepiness

On August 15, 2019, the FDA approved Wakix (pitolisant) for the treatment of excessive daytime sleepiness (EDS) in adults with narcolepsy.¹ EDS can be defined as an increased difficulty to stay awake during typical waking hours. Patients with EDS are at an increased risk of having a lower quality of life, developing mental disorders, cognitive impairment, and accidents.² There are pharmacological and nonpharmacologic ways to treat EDS. Current pharmacologic options include modafinil, armodafinil, mazindol, methylphenidate, methamphetamine, d-amphetamine sulfate, and sodium oxybate. Nonpharmacologic treatment includes behavioral modification, napping, and work accommodations. Most patients require a controlled stimulant to treat their EDS.³

Wakix (pitolisant) is a newly approved drug for excessive daytime sleepiness that is not a controlled substance. The mechanism of action of pitolisant is unclear but thought to exert its effect by acting as an antagonist/inverse agonist at H3 receptors. Pitolisant is started at 8.9mg once daily and the dosage is doubled every week to a maximum dosage of 35.6mg or maximum tolerability. It can take up to 8 weeks to experience a clinical response. Patients with hepatic and renal impairment should start at 8.9mg once daily and increase after 2 weeks and 1 week respectively, to a maximum dosage of 17.8mg once daily. The most common adverse reactions are headache, insomnia, nausea, URT infection, musculoskeletal pain, and anxiety. Drug interactions for pitolisant include strong CYP2D6 inhibitors, Strong CYP3A4 inducers, H1 antagonists, QT prolongation drugs, and sensitive CYP3A4 substrates. In the two clinical trials conducted, pitolisant demonstrated statistically significant improvement in Epworth Sleepiness Scale (ESS) score compared to placebo.¹

References:

1. Wakix [package insert]. Plymouth Meeting, PA: Harmony Biosciences, LLC; 2019.
2. Takenoshita S, Nishino S. Pharmacologic Management of Excessive Daytime Sleepiness. *Sleep Med Clin*. 2017 Sep;12(3):461-478.
3. Ebben MR. Nonpharmacologic Management of Excessive Daytime Sleepiness. *Sleep Med Clin*. 2017 Sep;12(3):479-487.

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