Pitolisant (Wakix®) for the treatment of narcolepsy in adults

Summary of recommendations by *Zorginstituut Nederland* (National Health Care Institute, the Netherlands) dated 15 April 2019

Zorginstituut Nederland carried out a marginal assessment of the medicinal product pitolisant (Wakix®), whereby the following conclusion was drawn.

In a letter dated 10 December 2018 (CIBG-18-07368), the Minister of Health, Welfare and Sport (WVS) asked *Zorginstituut Nederland* to assess whether pitolisant (Wakix®) is interchangeable with a drug currently included in the reimbursed package. The *Zorginstituut* has completed its assessment.

The manufacturer has asked for inclusion on List 1B of the Health Insurance Decree.

Pitolisant (Wakix®) is an orphan drug registered for the treatment of narcolepsy with or without cataplexy.
Pitolisant is available as 4.5 mg and 18 mg film-coated tablets.
The lowest effective dose of pitolisant should be used, depending on individual patient response and tolerance, according to an up-titration scheme, without exceeding the dose of 36 mg/day (two 18 mg tablets). The initial dose is 9 mg (two 4.5 mg tablets) per day.

Assessment of interchangeability
Based on the criteria for interchangeability, pitolisant (Wakix®) is not interchangeable with other products included in the Medicines Reimbursement System (GVS).
Based on the above, pitolisant (Wakix®) cannot be placed on List 1A. What has to be examined is whether pitolisant is eligible for placing on List 1B.

Therapeutic value
This pharmacotherapeutic report compared pitolisant for the treatment of narcolepsy with and without cataplexy with modafinil or sodium oxybate. The *Zorginstituut* was advised by the Scientific Advisory Committee (WAR).
Zorginstituut Nederland concludes that for the treatment of narcolepsy *without cataplexy,* pitolisant had the same therapeutic value as modafinil.
For the treatment of narcolepsy *with* cataplexy, pitolisant may have a more favourable effect than modafinil, based on a possible clinically relevant difference in reducing the number of cataplexy attacks. When treating narcolepsy *with* cataplexy, pitolisant has a therapeutic added value compared to the combination therapy with sodium oxybate and modafinil, and compared to monotherapy with sodium oxybate, based on a clinically relevant difference in unintended effects.

Budget impact analysis
Taking into account a patient population of 1,000 patients (scenario 1) and the predicted substitution percentages for pitolisant, the inclusion of pitolisant (Wakix®) for narcolepsy with and without cataplexy will be accompanied by additional costs to the pharmacy budget amounting to €1.88 million in the third year or reimbursement.

On the other hand, assuming a patient population of 1,500 patients (scenario 2)

and the predicted substitution percentages for pitolisant, the inclusion on List 1B of pitolisant (Wakix®) for narcolepsy with and without cataplexy will be accompanied by additional costs to the pharmacy budget amounting to €2.83 million in the third year of reimbursement.

Uncertainty exists regarding a number of parameters. The most important of these relate to the number of narcolepsy patients in the Netherlands and the division between narcolepsy with cataplexy (type 1) and narcolepsy without cataplexy (type 2), the doses of pitolisant used in Dutch practice, the substitution percentages regarding sodium oxybate and the matter of what proportion of patients whose cataplexy is not currently treated but which will be treated after the introduction of pitolisant.

The manufacturer was exempted from supplying a pharmacoeconomic analysis.

Advice
Based on the criteria for interchangeability, pitolisant (Wakix®) is not eligible for inclusion on List 1A. Based on the above-mentioned considerations, the *Zorginstituut* advises the Minister to include pitolisant (Wakix®) on List 1B of the Health Insurance Decree. Its inclusion on List 1B will involve additional costs.

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The original text of this excerpt from advice of Zorginstituut Nederland was in Dutch. Although great care was taken in translating the text from Dutch to English, the translation may nevertheless have resulted in discrepancies. Rights may only be derived on the basis of the Dutch version of Zorginstituut Nederland's advice.
Furthermore, Zorginstituut Nederland points out that only the summary of this report was translated. A proper understanding of all relevant considerations and facts would require familiarity with the Dutch version of this report, including all appendices.