

Title: Treatment Satisfaction and Preferences in People With Narcolepsy Transitioning From Sodium Oxybate to Lower-Sodium Oxybate

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Keywords: Lower-Sodium Oxybate, Narcolepsy, Real-World

Category: Clinical Sleep Science and Practice

Subcategory: Hypersomnia

Submission Category: Both Oral and Poster Presentation

Has or will this research be presented or published prior to SLEEP 2023?

Yes___

No__X_

ABSTRACT

Introduction: Lower-sodium oxybate (LXB; Xywav[®]), which contains the same active moiety as higher-sodium oxybate (SXB; Xyrem[®]) but with 92% less sodium, is approved by the US Food and Drug Administration (FDA) for treating cataplexy or excessive daytime sleepiness in patients ≥ 7 years of age with narcolepsy. LXB is recognized as clinically superior to SXB in narcolepsy by the US FDA due to lower chronic sodium exposure; however, real-world data describing patient preferences and satisfaction are lacking.

Methods: Transition Experience of persons with Narcolepsy taking Oxybate in the Real-world (TENOR; NCT04803786) was a patient-centric, prospective, observational, noninterventional, virtual-format study of US adults with narcolepsy (type 1 or 2) transitioning from SXB to LXB within the previous/upcoming 7 days. Longitudinal data collected during transition and for 21 weeks thereafter included responses to the Ease of Switching Medications Scale (EOSMS), Forced Preference Questionnaire (FPQ), and Treatment Satisfaction Questionnaire for Medication-version II (TSQM-vII).

Results: The mean (standard deviation [SD]) age of the 85 participants (narcolepsy type 1, n=45; narcolepsy type 2, n=40) was 40.3 (13.0) years; most were female (73%) and White (87%). Mean (SD) time on current SXB regimen was 57.8 (52.1) months. Nearly all participants took SXB (82/85, 96%) twice nightly prior to transition and LXB (82/84, 98%) twice nightly after transition. Most participants (61/73, 84%) reported that switching from SXB to LXB was “extremely easy, not difficult at all” or “easy” on the EOSMS, and most (59/73, 81%) preferred LXB to SXB on the FPQ. Among participants who preferred LXB, lower sodium content (56/59, 95%) and fewer cardiovascular issues (27/59, 46%) were cited as the most common reasons. There were minimal mean (SD)

changes in TSQM-vII scores for global satisfaction (1.1 [18.6]), satisfaction with effectiveness (1.0 [16.8]), side effects (4.1 [23.7]), or convenience (-3.9 [15.2]) after transitioning from SXB to LXB.

Conclusion: Overall, most participants indicated that switching from SXB to LXB was “easy” or “extremely easy.” Most participants preferred LXB to SXB, primarily because of its lower sodium content. Satisfaction with oxybate treatment was maintained following transition to LXB.

Support: Jazz Pharmaceuticals.

Disclosures: **C Bae** participated in an advisory board for Jazz Pharmaceuticals plc and is a consultant for Jazz Pharmaceuticals. **PC Zee** serves on scientific advisory boards for Jazz Pharmaceuticals plc, Eisai, and Harmony Biosciences; is a consultant for CVS Caremark; and owns stock in Teva. **EB Leary, W Macfadden, DS Fuller,** and **S Candler** are full-time employees of Jazz Pharmaceuticals who, in the course of this employment, have received stock options exercisable for, and other stock awards of, ordinary shares of Jazz Pharmaceuticals, plc. **AM Husain** has received consultancy fees and/or research funding from Jazz Pharmaceuticals plc, UCB, BlackThorn, Sage, Eisai, Marinus, and Neurelis, as well as royalties from Springer, Demos Medical, and Wolters Kluwer; and holds an editorship role with Wolters Kluwer.