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BID Oxybate to QHS: What Clinicians and Patients Need to Know

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

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Dr. Thorpy:

This is CME on ReachMD, and I'm Dr. Michael Thorpy. Here with me today is Dr. Clete Kushida.

Let's talk a bit about switching therapies. We know that patients with narcolepsy are often on various types of medications for their narcolepsy, and we may want to change patients from one type to another. In particular, now that we have 3 forms of oxybate, maybe we want to change patients from one form of oxybate to another. So how do you discuss this with your patients when they need to change a medication? And how do you transition them from one therapy to another?

Dr. Kushida:

Yes. Thanks, Michael. So one of the struggles with the patients that I see that have narcolepsy is oftentimes they have to set an alarm to wake up in the middle of the night in order to take a second dose of a sodium oxybate. And that can be a little bit challenging, especially if they're younger patients who tend to have a large sleep debt anyway. So they'll want to have a lot of good consolidated sleep, especially in the first half of the night. So for them to wake up after about 2 to 4 hours before they sleep can be a challenge. So that's definitely an opportunity to be able to transition them to a once-nightly sodium oxybate, Lumryz. And by doing so, that should help to minimize their ability to have to wake up in the middle of the night to take the second dose. And in addition, there's also the risk of, especially with older individuals, waking up in the middle of the night and then they would become a fall risk. They would also have a little bit maybe of sleep-related confusion coming out of deep sleep in order to make sure that they take the right dose. So for these reasons, having an alternative of a once-nightly sodium oxybate formulation in the form of Lumryz definitely is an advantage.

Now we had discussed earlier that also in terms of sodium content for both Xyrem as well as Lumryz, it is higher than that which is found in Xywav. So if there is a patient that has high blood pressure that's uncontrolled, also possibility of congestive heart failure, and lastly, if they also, you know, might have hypertension-related kidney failure, those would be reasons to maybe consider a low-sodium preparation such as Xywav. But for the vast majority of patients, that should not be a major consideration, because when we've looked at about 20 years' worth of data, there did not appear to be a direct link between the use of sodium oxybate and cardiovascular risk. So, you know, for the majority of people, it should not be a concern of those with narcolepsy in terms of their cardiovascular risk if they were to take Xyrem or Lumryz as opposed to Xywav.

Dr. Thorpy:

Good. Thank you for that, Clete.

We have the 3 forms of oxybate, and in general, the dosing of it goes from 4.5 g to 6 g to 7.5, and the maximum dose is 9 g. And with the Xyrem and the Xywav, it generally is taken in 2 divided doses. However, with the Lumryz, it's only once a night, as you said. And in general, my understanding is that patients can just change directly over to the once-nightly. So if somebody's on 9 g of of Xyrem, if they were to change to once nightly, they would just start immediately with 9 g of the of the Lumryz. If somebody is starting, of course, from

scratch, then they would need to titrate up to that dose. With the Xywav, the study showed that they could take 1 dose at night in some cases, but if you do take 1 dose at night of the Xywav, say, for example, a patient can't often waken to take that second dose, then the maximum dose should not exceed 6 g.

Well, this was a brief but great discussion. Unfortunately, our time is up. Thank you for tuning in.

Announcer:

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