

Sleep Disorders

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DRUG CLASS UTILIZATION AND AGE-RELATED TRENDS IN NARCOLEPSY AND IDIOPATHIC HYPERSOMNIA: A CLAIMS DATABASE ANALYSIS

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PURPOSE: The treatment landscape for central disorders of hypersomnolence is evolving with more available therapies, highlighting the need to better understand medication usage patterns. Using a big-data approach, we retrospectively analyzed claims data to characterize medication usage patterns across different drug classes among patients with idiopathic hypersomnia (IH), narcolepsy type 1 (NT1), and narcolepsy type 2 (NT2).

METHODS: The Komodo® Health claims database, comprising data from >330 million individuals in the United States, was used to identify patients diagnosed with IH, NT1, or NT2. The cohort was narrowed to a high-confidence diagnostic subset: patients with 100% claim availability for ≥5 consecutive years (2018-2023) and ≥1 claim with a relevant ICD-10 code (IH: G47.11, G47.411, G47.421; NT2: G47.419, G47.429). Diagnosis was defined as ≥2 relevant ICD-10 codes documented ≥30 days apart. Patients with multiple distinct diagnoses of IH, NT1, or NT2 were excluded. Treatment was defined as any paid prescription claim linked to a patient in the study cohort with National Drug Codes corresponding to narcolepsy or IH treatments after receiving a diagnosis code. Valid age and sex data were required as the patients were grouped according to these categories.

RESULTS: The Komodo database included 154,750 individuals with \geq 1 IH, NT1, or NT2 diagnosis in 2023. The high-confidence diagnosis subset comprised 26,003 individuals: 24% (n=6,287) were diagnosed with IH, 11% (n=2,845) with NT1, and 65% (n=16,871) with NT2. In this subset, 9% of patients were prescribed oxybates (IH, 5%; NT1, 20%; NT2, 8%). Oxybates were used by 11% of patients aged 0-17 years, 10% aged 18-24 years, 12% aged 25-34 years, 11% aged 35-44 years, 8% aged 45-64 years, and 3% aged \geq 65 years. Fifty-four percent of patients were prescribed wake-promoting agents (IH, 49%; NT1, 47%; NT2, 57%) and 48% were prescribed stimulants (IH, 47%; NT1, 44%; NT2, 49%). Forty percent of patients were prescribed sedatives/hypnotics (IH, 37%; NT1, 37%; NT2, 41%). Sedatives/hypnotics were used by 17% of patients aged 0-17 years, 25% aged 18-24 years, 33% aged 25-34 years, 38% aged 35-44 years, 44% aged 45-64 years, and 46% aged \geq 65 years. Fifty-seven percent were prescribed antidepressants (IH, 59%; NT1, 59%; NT2, 56%).

CONCLUSIONS: Oxybates are indicated to treat excessive daytime sleepiness in both NT1 and NT2; sodium oxybate is strongly recommended by the American Academy of Sleep Medicine (AASM) clinical practice guidelines as narcolepsy treatment and conditionally recommended as idiopathic hypersomnia treatment. While calcium, magnesium, potassium, and sodium oxybates is indicated to treat IH, its use to treat this disorder is not addressed in the AASM guidelines. Despite the strong recommendation by AASM for sodium oxybate as narcolepsy treatment, oxybates were underutilized in this dataset. Further, the widespread (nearly 40%) utilization of sedative hypnotics underscores the prevalence of disrupted nighttime sleep across IH, NT1, and NT2.

CLINICAL IMPLICATIONS: In patients with hypersomnia, oxybate usage was considerably lower than that of medications not indicated for narcolepsy (eg, antidepressants and sedative hypnotics); moreover, oxybates were half as likely to be used in NT2 than in NT1, highlighting a disparity that may warrant reevaluation.

DISCLOSURES:

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