

For people with Parkinson's disease

Taking control of *off* episodes with APOKYN[®]



Learn about how you could benefit from APOKYN therapy and hear from real patients who are controlling their *off* episodes with APOKYN.



APOKYN[®]
apomorphine hydrochloride injection

On-demand control of *off* episodes

If you experience *off* episodes, you're not alone—and help is available

If you take oral medications for Parkinson's disease (PD) but still have times when movement and speech become difficult, you may be having what are known as "*off* episodes."

Off episodes are common in people with PD, occurring in at least 50% of patients who have been taking levodopa for 5 years or more. And because they make daily activities difficult or even impossible to perform for minutes or hours at a time, *off* episodes can severely limit mobility and independence.

Fortunately, treatment is available that can help. APOKYN—the only on-demand treatment for *off* episodes—can quickly get you moving again. APOKYN can help you return to the kinds of activities you normally perform during *on* time.

This brochure provides answers to frequently asked questions about APOKYN therapy. It also introduces you to Beth and Michelle—two real PD patients who have taken control of their *off* episodes with APOKYN.



Please see Important Safety Information on pages 14-15, and review the attached complete Prescribing Information.

Real PD patients share their experiences with APOKYN*



Beth

Beth lives independently and enjoys the company of her many friends. Controlling *off* episodes with APOKYN gives her back mobility. That allows her to do the things she normally can when she's *on*—like cooking, quilting, and making beaded jewelry.



Michelle

Michelle lives with Guy, her husband and caregiver. Now that her *off* episodes are controlled with APOKYN, she has her mobility back. That means she can do the activities she enjoys when she's *on*, like taking long walks with Guy and working in her garden.

If you'd like to hear more of Beth and Michelle's stories, be sure to watch *In Control of Off Episodes—Real Patients Share Their Experiences With APOKYN*, a video featuring full-length interviews with Beth, Michelle, and Guy. To obtain a free DVD, ask your healthcare professional or call **1-877-7APOKYN (1-877-727-6596)**.

APOKYN is used as needed to treat loss of control of body movements (also known as hypomobility or *off* episodes) in people with advanced PD.

*This brochure discusses the experiences of actual PD patients who are taking APOKYN. Individual results with APOKYN may vary.


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Q. What is an *off* episode?

A. *Off* episodes are periods of increased difficulty with movement and/or speech that often happen in people with PD, even though they are using oral medications. The symptoms of *off* episodes may include:

- ◆ Slowness
- ◆ Stiffness
- ◆ Increased tremor
- ◆ Increased difficulty moving

Off episodes may happen at predictable times, or may occur without warning. They can interfere with daily life by making even simple activities (such as eating, walking, or getting out of a car) very difficult.



Michelle describes an *off* episode*

“I’ve got my coffee, I pick up my toast, I go to sit down to eat and I can’t move. The coffee can be burning my hand, and there’s nothing I can do about it. And it’s hard to make up a story as to why grandma can’t put the toast down on the table, why she’s standing there pretending to look out the window, kind of fluttering her eyes so the tears don’t come down.”



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Q. What causes *off* episodes?

A. *Off* episodes sometimes happen because oral PD medications are wearing off. These wearing-*off* episodes may occur at predictable times, such as first thing in the morning (because levels of medications drop overnight), or before it's time to take your next dose.

Other types of *off* episodes may be less predictable. For example, they may happen because oral medications take longer to start working (delayed on episodes) or fail to work (dose failure). Some *off* episodes may seem to have no obvious trigger at all, although many people with PD believe *off* episodes can be caused by fatigue or stress.

Regardless of their cause, *off* episodes are common in people with PD, and they tend to happen more frequently as PD progresses. People with PD can experience 2 to 4 *off* episodes every day.

Beth describes her *off* episodes*

“My mobility is dramatically affected. It’s an effort just to move my feet sometimes. I’m stiff, I get sore, I begin to tremble. Prior to APOKYN, the amount of time I spent in *off* episodes was probably 5 to 6 hours a day. Five or 6 good-quality hours I just didn’t have.”



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Q. What is APOKYN?

A. APOKYN is a prescription medicine that is used as needed* to treat the symptoms of *off* episodes. **APOKYN is the only PD medicine that can quickly end *off* episodes after they've started, getting you moving again.** When it is used during an *off* episode, APOKYN may help you walk, talk, or move around easier. First introduced in Europe in 1993, APOKYN became available in the United States in 2004. It is administered by being injected just under the skin (**not into a vein**) with a small, thin needle.

APOKYN is used together with oral PD medications, and does not take the place of these medicines. But unlike oral PD medications (which are taken on a schedule to help control symptoms of PD), APOKYN is used when you need it to treat *off* episodes. **With APOKYN, you have on-demand control of *off* episodes when they strike.** APOKYN is not used to prevent *off* episodes. If needed, APOKYN can be used up to 5 times a day.

As with all medications, APOKYN may cause side effects in some people. See pages 11, 14, and 15 of this brochure for information about side effects of APOKYN.



Michelle describes her experience of starting APOKYN therapy†

“The initial couple of days of using APOKYN were like someone took a coat off me, something that was binding...it freed me up. It leveled out the *off* episodes.”



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Q. How quickly does APOKYN end *off* episodes?

A. APOKYN works fast to stop *off* episodes after they start. It begins to work within 10 minutes, and most people experience symptom relief within 20 minutes. This can help you return to the kinds of activities you normally perform during *on* time.

Of course, like any medication, APOKYN may not have the same effect on every person. Talk to your healthcare provider about whether APOKYN could work for you.



*Your healthcare professional will tell you what dose of APOKYN to use and how often you can use it.

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Q. Can APOKYN help me?

- A. APOKYN relieves the symptoms of *off* episodes in most people with PD: In a clinical study, **APOKYN treatment ended *off* episodes in 9 out of 10 patients.** In addition, clinical data suggest that APOKYN continues to work well over time.

Q. Are there patients who may *not* be able to take APOKYN?

- A. You should not take APOKYN if you are allergic to APOKYN or its ingredients, notably the sulfite called metabisulfate. Do not take APOKYN if you are being treated with certain drugs called 5HT₃ antagonists (including Anzemet®, Kytril®, Zofran®, Lotronex®, and Aloxi®) that are used for nausea and vomiting or irritable bowel syndrome. People taking this type of drug with apomorphine had severely low blood pressure and “blacked out.”

It’s also important to let your healthcare provider know if you have liver disease or kidney disease, because these types of problems can alter the effects of APOKYN in the body.

Every PD patient responds differently to treatment, and only a healthcare professional can determine whether APOKYN is right for you. **If you think APOKYN could help you, talk to your doctor about your PD treatment options today.**



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Q. How are APOKYN treatments given?

A. Unlike other PD medications (which are taken by mouth), APOKYN is given by injection. It must be injected under the skin (**not into a vein**) with an easy-to-use self-injecting pen that uses a very fine needle.



The convenient APOKYN pen uses a small, thin needle similar to that used by diabetes patients who need insulin injections.

Many patients give themselves their own APOKYN injections, although the injections also may be given by a caregiver. Patients and their caregiver(s) must receive detailed instructions in the preparation and injection of doses, with particular attention paid to the correct use of the dosing pen. Your healthcare provider can give you those instructions, and can help you make injections as easy and comfortable as possible.

Michelle and Beth talk about injecting APOKYN*

Michelle: “My first thought was that I could never give myself an injection! But now that I’ve experienced the benefit, the needle doesn’t even enter into my thought process.”

Beth: “Attach a needle to the end of the pen, dial up the medicine dose, and count about 5 seconds after the medicine is injected.”

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Q. What is it like to start APOKYN therapy?

A. Several days before you start taking APOKYN, your healthcare provider may prescribe a medicine called Tigan® to help prevent nausea and vomiting, which are known to be side effects of APOKYN.

Your first dose of APOKYN will be given by a doctor or a nurse. During this first treatment, he or she will determine the proper APOKYN dose for you and teach you and your caregiver(s) how to give the injections.

Here's what typically happens during the initial treatment for a patient starting APOKYN therapy:

You'll be asked to briefly interrupt your normal schedule of oral PD medications in order to trigger an *off* episode

The doctor or nurse will confirm that you are in an *off* episode, then inject a low test dose of APOKYN

If the test dose does not relieve your symptoms, the doctor or nurse may give you a second APOKYN injection

Your blood pressure will be checked several times during the hour following your injection(s)*

The doctor or nurse will teach you (and your caregiver) how to use the convenient pen device that's used to inject APOKYN, and will answer any questions you may have

*APOKYN may lower blood pressure and cause dizziness and fainting, especially when starting treatment or if the dose is increased. If you experience shortness of breath, fast heartbeat, or chest pain at any time while taking APOKYN, you should call your healthcare provider right away.



Q. What are the most common side effects of APOKYN?

- A. The most common side effects seen in clinical studies with APOKYN were yawning; sudden uncontrolled movements; nausea and/or vomiting; sleepiness; dizziness; runny nose; seeing and hearing things that are not real; swelling of hands, arms, legs, and feet; increased sweating; flushing; and unusually pale complexion.

Your healthcare provider may prescribe a medicine called Tigan to help prevent nausea and vomiting. Some patients can stop taking Tigan after using APOKYN for some time. Talk to your healthcare provider before you stop taking Tigan.

Q. Does APOKYN have any other side effects that I should know about?

- A. If you experience shortness of breath, fast heartbeat, or chest pain while taking APOKYN, you should call your healthcare provider right away. APOKYN may lower blood pressure and cause dizziness and fainting, especially when starting treatment or if the dose is increased.

Some people with PD have reported new or increased gambling urges, increased sexual urges, and other intense urges, while taking PD medicines, including APOKYN. APOKYN can cause or worsen certain behavior, including confusion, excessive suspicion, aggressive behavior, agitation, and delusions (believing things that are not real). Call your healthcare provider right away if you experience any of these symptoms.

Some patients taking APOKYN may get sleepy during the day or fall asleep without warning doing everyday activities. Until it is known how APOKYN affects your ability to stay alert, you should not drive a car or operate heavy machinery.

Some patients may notice soreness, redness, bruising, or itching at the injection site. Changing the injection site with each injection and putting ice on the site before and after the injection may help lessen these effects.

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Q. What if I have questions about my treatment or need other support after I start using APOKYN?

A. Your healthcare professional is your best source of information about APOKYN therapy, so be sure to reach out to him or her when you have questions.

In addition, the PACESM (Patient Access, Care, and Education) program is available to provide support. Every enrolled patient has access to a Patient Care Liaison—an educated, understanding ally who is readily available with one-on-one support and education. In addition, enrolled patients have access to expert nurses, who can teach you more about APOKYN and the APOKYN initiation process. Other services offered by PACE include help with insurance issues and the APOKYN Co-Pay Assistance Program, which can reduce the cost of APOKYN therapy for many patients.*

To learn more about PACE or to enroll, call 1-877-7APOKYN (1-877-727-6596).



1-877-7APOKYN (1-877-727-6596)

Beth talks about how APOKYN has gotten her moving again[†]

“I’ve discovered quilting recently, and I thoroughly enjoy it. I’m able to do that now because of not having those *off* episodes like I used to have. I can count on APOKYN to give me the ability to do what I enjoy doing.”



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Q. Is APOKYN right for me?

A. If you are experiencing *off* episodes even though you are taking oral PD medications, ask your healthcare professional about APOKYN today! By giving you on-demand control of *off* episodes, APOKYN can get you moving again and put you in better control of your PD symptoms.

Of course, like many medications, APOKYN may not have the same effect on every person, and may cause side effects in some people. See pages 11, 14, and 15 of this brochure for information about side effects of APOKYN.

Michelle encourages people with PD to talk to a healthcare professional about APOKYN[†]

“I think Parkinson’s patients owe it to themselves and their families to try anything to combat the symptoms of this disease. And I’ve found that APOKYN is one of the best things I’ve tried. While it’s working, I’m a new woman, and I mean that sincerely. **Ask your doctor if it might help...you won’t know unless you ask.**”



*Massachusetts residents and patients covered under Medicare, Medicaid, or other state or federally funded healthcare plans are not eligible for this program. Contact PACE at 1-877-727-6596 for more details regarding eligibility.

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APOKYN must be injected just under the skin and not into a vein. Patients and caregivers must receive detailed instructions in the preparation and injection of doses, with particular attention paid to the correct use of the dosing pen.

Your healthcare provider may prescribe a medicine called Tigan to help prevent the severe nausea and vomiting that may occur when taking APOKYN. Some patients can stop taking Tigan after using APOKYN for some time. Some patients may need to continue taking Tigan to help prevent nausea and vomiting. Talk to your healthcare provider before you stop taking Tigan.

If you experience shortness of breath, fast heartbeat, or chest pain while taking APOKYN, you should call your healthcare provider right away.

APOKYN may lower blood pressure and cause dizziness and fainting, especially when starting treatment or if the dose is increased. Alcohol, antihypertensives, and nitrates may increase this risk. Patients should not get up too fast from sitting or after lying down to minimize these problems.

Some people with PD have reported new or increased gambling urges, increased sexual urges, and other intense urges, while taking PD medicines, including APOKYN. If you experience new or increased urges, tell your healthcare provider.

APOKYN can cause or worsen psychotic-like behavior including confusion, excessive suspicion, aggressive behavior, agitation, delusional beliefs (believing things that are not real), hallucinations (seeing or hearing things that



Please review the attached complete Prescribing Information.

are not real), and disorganized thinking. Call your healthcare provider right away if you experience any of these symptoms.

Some patients taking APOKYN may get sleepy during the day or fall asleep without warning doing everyday activities. Do not take medicines that make you sleepy while you are taking APOKYN. Until it is known how APOKYN affects your ability to stay alert, you should not drive a car or operate heavy machinery.

Some patients may notice soreness, redness, bruising, or itching at the injection site. Changing the injection site with each injection and putting ice on the site before and after the injection may help lessen these effects.

The most common side effects seen in clinical studies with APOKYN were: yawning; sudden uncontrolled movements; nausea and/or vomiting; sleepiness; dizziness; runny nose; seeing and hearing things that are not real; swelling of hands, arms, legs, and feet; increased sweating; flushing; and unusually pale complexion.

Studies of people with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with Parkinson's disease or the medicines used to treat Parkinson's disease. APOKYN is one of the medicines used to treat Parkinson's disease. Therefore, patients being treated with APOKYN should have periodic skin examinations.

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