APOKYN®
apomorphine hydrochloride injection

PharMerica has been selected as the exclusive Long Term Care Pharmacy provider for APOKYN.

APOKYN is an FDA approved treatment for acute, intermittent *off* episodes in patients with advanced Parkinson's disease (PD).

APOKYN can:

- **Be used reliably first thing in the morning [1]**
- **Provide rapid relief and reliable return to an *on* state [2,3]**
- **Help manage Parkinson's disease symptoms by quickly ending *off* episodes [2,3]**
- **Help patients walk, talk, and move around more easily [2,3]**
- **Be used when you need it, up to 5 times a day [4]**

1. Isaacson S, et al. Mov Disord Clin Practice. 2017;4(1):78-83
2. Pfeiffer RF, et al. Parkinsonism Relat Disord. 2007;13(2):937–100.
3. Trosch DM, Mov Disord. 2004;19(Suppl 9):S217.
4. APOKYN®. Louisville, KY: US WorldMeds, LLC; 2017

Page 2 has Indication, Important Safety Information and full Prescribing Information and Pen Instructions for Use/Patient Information.

Q: Do you have Parkinson's disease patients who have difficulty getting started in the morning because their oral levodopa medication takes a long time to work? Do you believe these patients would more fully participate in daily activities if they could be administered a PD medication that returned them to an *on* state within 10 to 20 minutes?

A: If you answered yes, the solution may be APOKYN. We invite you to confer with a PharMerica pharmacist to learn more about how APOKYN may help treat advanced Parkinson's disease (PD) residents with acute and intermittent *off* episodes.

If your facility is presently treating residents diagnosed with advanced Parkinson's disease and their physician would like to prescribe APOKYN, please contact PharMerica and we will coordinate the next steps, including insurance coordination and medication delivery.

1-800-800-4016 | Fax 1-844-602-0231

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APOKYN® (apomorphine hydrochloride injection)
Important Safety Information for Healthcare Providers

Indication

APOKYN is indicated for the acute, intermittent treatment of hypomobility, *off* episodes (end-of-dose wearing-off and unpredictable *on-off* episodes) associated with advanced Parkinson's disease. APOKYN has been studied as an adjunct to other medications.

Important Safety Information for Healthcare Providers

Contraindication: Concomitant use of APOKYN with 5HT3 antagonists is contraindicated based on reports of profound hypotension and loss of consciousness when apomorphine was administered with ondansetron.

Contraindication: APOKYN is contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients (notably sodium metabisulfite).

SC Injection: APOKYN should be administered by subcutaneous injection, NOT intravenously, because serious adverse events like thrombus formation and pulmonary embolism may occur. Patients and care partners must receive detailed instructions in the preparation and injection of doses, with particular attention paid to the correct use of the dosing pen.

Nausea and Vomiting: At recommended doses of apomorphine, severe nausea and vomiting can be expected. Therefore, trimethobenzamide hydrochloride should be started 3 days prior to the initial dose of APOKYN and continued as long as necessary to control nausea and vomiting, and generally no longer than two months. In clinical trials, 50% of patients (262/522) discontinued trimethobenzamide hydrochloride after 2 months of APOKYN.

Falling Asleep During Activities of Daily Living (ADL): There have been reports of patients treated with apomorphine subcutaneous injections who suddenly fell asleep while engaged in ADL. Patients should be advised not to drive or participate in potentially dangerous activities until it is known how APOKYN affects them. Patients should be continually reassessed for daytime drowsiness or sleepiness.

Symptomatic Hypotension: Dopamine agonists, including APOKYN, can cause hypotension, orthostatic hypotension, and syncope. Alcohol, antihypertensive medications, and vasodilating medications may potentiate the hypotensive effect of apomorphine. These adverse events occurred with initial dosing and long-term treatment. Whether hypotension contributes to other significant events seen (e.g., falls) is unknown.

Falls: Patients with Parkinson's disease (PD) are at risk of falling due to the underlying postural instability and concomitant autonomic instability seen in some patients with PD, and from syncope caused by the blood pressure lowering effects of the drugs used to treat PD.

Hallucinations / Psychotic-Like Behavior: APOKYN has been associated with new or worsening mental status and behavioral changes, which may be severe, including psychotic-like behavior. This abnormal thinking and behavior can consist of paranoid ideation, delusions, hallucinations, confusion, disorientation, aggressive behavior, agitation and delirium.

Dyskinesias: APOKYN may cause dyskinesia or exacerbate pre-existing dyskinesia.

Intense Urges: Some people with PD have reported new or increased gambling urges, increased sexual urges, and other intense urges, while taking PD medicines, including APOKYN. Because patients may not recognize these behaviors as abnormal, it is important for prescribers to specifically ask patients or their care partners about the development of new or increased gambling urges, sexual urges, uncontrolled spending or other urges while being treated with APOKYN. Physicians should consider dose reduction or stopping the medication if a patient develops such urges while taking APOKYN.

Cardiac Events: Coronary Events—APOKYN reduces resting systolic and diastolic blood pressure and has the potential to exacerbate coronary (and cerebral) ischemia. Therefore, exercise caution when prescribing APOKYN for patients with known cardiovascular and cerebrovascular disease.

QT Prolongation—Caution is recommended when administering APOKYN to patients with increased risk of QT prolongation, such as those with hypokalemia, hypomagnesemia, bradycardia, or a genetic predisposition, or who use other drugs that prolong the QT/QTc interval.

Melanoma: Patients with Parkinson's disease have a higher risk of developing melanoma than the general population. Patients should be monitored for melanomas frequently when using APOKYN.

Adverse Events: The most common adverse events seen in controlled trials were yawning, drowsiness/somnolence, dyskinesias, dizziness/postural hypotension, rhinorrhea, nausea and/or vomiting, hallucinations/confusion and edema/swelling of extremities. Injection-site reactions, including bruising, granuloma, and pruritus, have been reported.

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact US WorldMeds at 1-877-727-6596 (1-877-7APOKYN). You may also report SUSPECTED ADVERSE REACTIONS to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Contact PharMerica for more information at 1-800-800-4016

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