



# Do you plan your day around your Parkinson's disease (PD) symptoms?

You're not alone — more than 350,000 people with PD experience *off* episodes<sup>1</sup>

**Start a conversation – talk to your doctor today**



Please see the Important Safety Information on back page and the accompanying full Prescribing Information and Pen Instructions for Use/Patient Information.

\*Actor Portrayal

# Is APOKYN Right for You?

## How can APOKYN help me?

APOKYN is a treatment that can be used along with your other PD medications, to rapidly and reliably provide oral levodopa-like effects, turning *off* time into *on* time.<sup>2,3</sup>

Over time with oral levodopa medications, many patients start experiencing decreased “*on*” time and may be having what are known as “*off* episodes.”

*Off* episodes are common and can happen at any time!<sup>4,5</sup>



### Being *on* (or *on* time) is when:

- Your oral levodopa medication is working well
- Your PD symptoms are at a minimum
- You are moving and able to go about your daily activities



### *Off* episodes (or *off* times) are when:

- Your oral levodopa medication doesn't work like it should and it's not time for your next dose
- The effects of your oral levodopa<sup>6,7</sup>:
  - Take a long time to work, especially in the morning
  - Don't seem to work at all
  - Suddenly stop working and become unpredictable
- Your PD symptoms interrupt and interfere with your day to day life<sup>8</sup>
  - Symptoms like tremor, slowness, stiffness, difficulty moving or walking and trouble getting around re-emerge
  - This may cause you to avoid certain activities<sup>8</sup>

## Indication

APOKYN is used by injection, as needed, to treat loss of control of body movements in people with advanced Parkinson's disease (PD). This condition is also called hypomobility or *off* episodes. An *off* episode may include symptoms such as muscle stiffness, slow movements, and difficulty starting movements. APOKYN may improve your ability to control your movements when it is used during an *off* episode. This may help you walk, talk, or move around easier. APOKYN is not used to prevent *off* episodes. APOKYN does not take the place of your other medicines for PD.

**Review the questions below to see if APOKYN is right for you:**

1. Do you have difficulty getting started in the morning because your oral levodopa medication takes a long time to work?  
**Yes                      No**
2. Are there times when your oral levodopa medication takes too long to work, or sometimes doesn't seem to work at all?  
**Yes                      No**
3. Are there times when your oral levodopa medication suddenly stops working or becomes unpredictable?  
**Yes                      No**
4. Do you avoid activities or schedule activities (errands, shopping, etc.) around *off* times or anticipated *off* times?  
**Yes                      No**
5. Are there times you feel self-conscious or embarrassed about your *off* times?  
**Yes                      No**
6. Would your daily activities be easier if you had a reliable PD treatment that rapidly ended 95% of your *off* times in as early as 10 minutes?  
**Yes                      No**

**If you answered **Yes** to any of these questions,  
APOKYN may be right for you.**

**Ask your doctor about how APOKYN can help you be on and live life.**

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## **Important Safety Information for Patients**

**Do not take APOKYN if you are being treated with certain drugs called 5HT<sub>2</sub> antagonists (including Anzemet<sup>®</sup>, Kytril<sup>®</sup>, Zofran<sup>®</sup>, Lotronex<sup>®</sup>, and Aloxi<sup>®</sup>) that are used for nausea and vomiting or irritable bowel syndrome. People taking these types of drugs with APOKYN experienced severely low blood pressure and lost consciousness or “blacked out.”**

**Do not take APOKYN if you are allergic to APOKYN or its ingredients, notably sodium metabisulfite. Sulfites can cause severe, life-threatening allergic reactions in some people, especially in people with asthma.**

Before taking APOKYN, tell your healthcare provider about all your medical conditions, including if you have dizziness, fainting spells, low blood pressure, asthma, liver problems, kidney problems, heart problems, a mental disorder called major psychotic disorder, have had a stroke or other brain problems, or drink alcohol.

Tell your healthcare provider about all medicines that you take, including prescription and non-prescription medicines, vitamins, and herbal supplements, because APOKYN may interact with other medicines causing serious side effects.

**APOKYN must be injected just under the skin and not into a vein. Injecting APOKYN into a vein could cause a blood clot.**

Your healthcare provider may prescribe a medicine called Tigan<sup>®</sup> (trimethobenzamide hydrochloride) to help prevent the severe nausea and vomiting that may occur when taking APOKYN. If Tigan is prescribed, your healthcare provider will determine how long you should remain on this medicine.

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.

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. Do not drink alcohol while you are using APOKYN.

If you take nitroglycerin under your tongue while using APOKYN, your blood pressure may decrease and cause dizziness. Lie down and try to avoid standing for at least 45 minutes after taking nitroglycerin.

The changes that occur with PD and the effects of some PD medicines can increase the risk of falling. APOKYN can also increase this risk.

APOKYN can cause or worsen psychotic-like behavior including hallucinations (seeing or hearing things that are not real), confusion, excessive suspicion, aggressive behavior, agitation, delusional beliefs (believing things that are not real), and disorganized thinking. Call your healthcare provider right away if you experience any of these symptoms.

Some people with PD may get sudden, uncontrolled movements (dyskinesias) after treatment with some PD medicines. APOKYN can cause or worsen this effect.

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.

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

The most common side effects seen in clinical studies with APOKYN were: yawning; sleepiness; dyskinesias; dizziness; runny nose; nausea and/or vomiting; hallucinations/confusion; and swelling of hands, arms, legs, and feet.

Some patients may notice soreness, redness, bruising, or itching at the injection site. Change the site with each injection.

APOKYN may cause prolonged, painful erections in some people. If you have an erection that lasts more than 4 hours, you should call your healthcare provider right away.

Tell your healthcare provider if you are pregnant, plan to become pregnant, if you are breast-feeding or planning to breast-feed. It is not known if APOKYN can harm your unborn baby or if APOKYN passes into breast milk.

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](http://www.fda.gov/medwatch).

**Patients and care partners must receive complete instructions on the proper use of APOKYN. Please see full Prescribing Information and Pen Instructions for Use/Patient Information.**

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**References:** 1. Christmann BL, et al. Decision Resources Group. December 2015. 2. Pfeiffer RF, et al. *Parkinsonism Relat Disord.* 2007;13(2):93-100. 3. Pahwa R, et al. *J Neurol Sci.* 2007;258:137-143. 4. Swope DM. *Neurology.* 2004;62 (Suppl4):S27-S31. 5. Stacy M, et al. *Parkinsonism Relat Disord.* 2008;14:85-92. 6. Jankovic J. *Mov Disord.* 2005;20 (Suppl11):S11-S16. 7. Isaacson S, et al. *Mov Disord Clin Pract.* 2017;4(1):78-83. 8. Hechtner MC, et al. *Parkinsonism Relat Disord.* 2014;20:969-974.

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