APOKYN®

apomorphine hydrochloride injection

Cartridge Calculation Guide

The Cartridge Calculation Guide tool serves as guidance for determining the appropriate number of APOKYN cartridges for your patients. The tool is not designed to calculate product beyond the prescribed dose/frequency and minimum recommended priming amounts. Patient requirements may vary based upon individualized administration.

Please see Important Safety Information below. Click the links below for the full Prescribing Information and the Pen Instructions for Use/Patient Information.

Full Prescribing Information | Pen Instructions for Use | Patient Information

Cartridge Calculation Instructions:

Enter prescribed dose, prescribed frequency of use, and prescribed day's supply, as listed, to determine the number of cartridges required.

1. Prescribed dose should be entered in 0.1 increments. Label provides for up to 0.6 mL.
2. Prescribed frequency should be entered in whole numbers, up to 5 times per day.
3. Prescribed day's supply should be entered in whole numbers.

Prescribed Dose:	0.00
Prescribed Frequency (Times per Day):	0
Prescribed Day's Supply:	0
Cartridges Required Including Priming:	**0**

*cartridges are rounded up to the next whole cartridge

NOTE: Formula is [(((dose +0.1)* frequency) * days supply)/2.7]

- **2.7 is the amount of APOKYN available after subtracting 0.3 used for priming**
  - *New cartridges should be primed 3 to 4 times to ensure that all the air has been expelled from the needle and cartridge*
- **0.1 equals the amount of prime for each injection**
  - *Previously used cartridges should be primed one time*

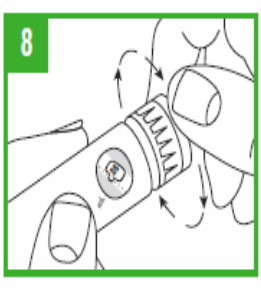
Please see relevant parts of the APOKYN Pen Instructions for Use booklet below regarding priming and setting the dose. Reference the complete APOKYN Pen Instructions for Use booklet using the link above; pages 14-16.

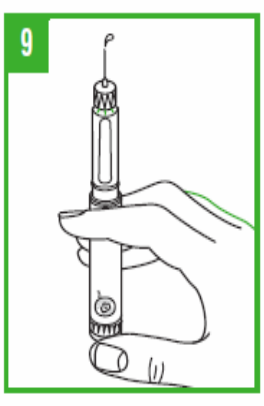
Preparing (Priming) the APOKYN Pen for Use

IMPORTANT – Prior to each injection, it is important that the **APOKYN Pen** be properly primed.

For a new APOKYN Cartridge (1 that has **not** been used before), repeat the priming procedure described on the next page (Steps 8-9) 3 or 4 times to make sure all the air has been removed from the needle and cartridge.

For an APOKYN Cartridge you have used before (1 that has been previously primed), repeat the priming procedure described on the next page (Steps 8-9) **1 time** to make sure all the air has been removed from the needle and cartridge.

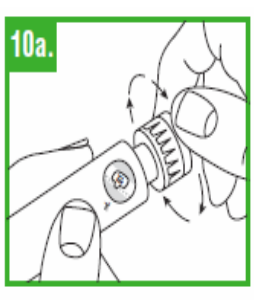


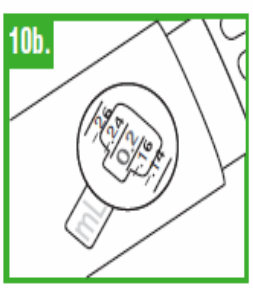


Step 8. You must prepare (prime) the **APOKYN Pen** for use before injecting the medicine. To prime the **APOKYN Pen,** set the dose by turning the dose knob to 0.1 mL. This is important so you can get rid of any air bubbles in the cartridge.

Step 9. Remove the inner needle shield. Remember, **do not** let the needle touch anything. With the needle pointing up, firmly push the injection button in as far as it will go and hold for at least 5 seconds. A small stream of medicine must come out of the end of the needle. If it does not, reset the dose by repeating Step 8. Repeat these steps (Steps 8-9) until a small stream of medicine comes out the end of the needle. When medicine comes out of the end of the needle, the **APOKYN Pen** is primed for injection and ready to use.

APOKYN medicine can cause staining to fabric and other surfaces it touches. Be careful where you prime the **APOKYN Pen.**





Setting the Dose

Step 10. To set the dose, turn the white dose knob until the correct dose (number of mLs) is shown in the window. The dose will appear as a red number between two black lines that will line up next to the letters "mL" on the pen body. Make sure the correct number (dose) appears in the window.

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

Contraindication: Concomitant use of APOKYN with 5HT^3 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 for at least 2 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.

Please see full Prescribing Information and Pen Instructions for Use/Patient Information.