APOKYN®
apomorphine hydrochloride injection

Cartridge Calculator

Below is a cartridge calculator for your use in determining the appropriate number of APOKYN cartridges for your patients.

See Important Safety Information below. Click for full Prescribing Information and detailed Dosing Instructions for APOKYN.

Cartridge Calculation Instructions:

Enter prescribed dose, prescribed frequency of use, and prescribed day's supply 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:	
Prescribed Frequency (Times per Day):	
Prescribed Day's Supply:	

Cartridges Required Including Priming: _____ *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 the Instructions for Use below regarding priming and setting the dose.
****Reference the complete "APOKYN Instructions for Use" booklet, Revised March 2012, pages 16-18.**

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

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 (one that has **not** been previously used), repeat the priming procedure described on the next page (Steps 8-9) three or four times to ensure that all air has been expelled from the needle and cartridge.

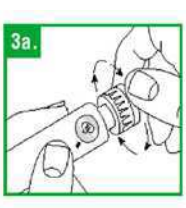
For a previously used APOKYN Cartridge (one that has been previously primed), repeat the priming procedure described on the next page (Steps 8-9) **one time** to ensure that all air has been expelled from the needle and cartridge.

Priming the Pen

Step 1. 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 2. 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 1. Repeat these steps (Steps 1-2) 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 3. 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.

Important Safety Information for APOKYN

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

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

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.

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 (eg, falls) is unknown.

SC Injection: APOKYN should be administered by subcutaneous injection, NOT intravenously, because serious adverse events may occur. 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.

Cardiac Events: *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. *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.

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.

Potential for Abuse: There are reports of apomorphine abuse by patients with Parkinson's disease in other countries. These cases are characterized by increasingly frequent dosing leading to hallucinations, dyskinesia, and abnormal behavior.

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. Subcutaneous apomorphine might increase the risk of falling by simultaneously lowering blood pressure and altering mobility.

Hallucinations / Psychotic-Like Behavior: Hallucinations were reported in some patients during clinical development. Post marketing reports indicate that patients may experience new or worsening mental status and behavioral changes, which may be severe, including psychotic-like behavior after starting or increasing the dose of APOKYN. Other drugs prescribed to improve the symptoms of Parkinson's disease can have similar effects on thinking and behavior. This abnormal thinking and behavior can consist of one or more of a variety of manifestations, including paranoid ideation, delusions, hallucinations, confusion, disorientation, aggressive behavior, agitation, and delirium.

Patients with a major psychotic disorder should ordinarily not be treated with APOKYN because of the risk of exacerbating psychosis. In addition, certain medications used to treat psychosis may exacerbate the symptoms of Parkinson's disease and may decrease the effectiveness of APOKYN.

Falling Asleep During Activities of Daily Living (ADL): There have been literature 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.

Adverse Events: Injection-site reactions, including bruising, granuloma, and pruritus, have been reported. The most common adverse events seen in controlled trials were yawning, dyskinesias, nausea and/or vomiting, somnolence, dizziness, rhinorrhea, hallucinations, edema, chest pain, and increased sweating, flushing, and pallor.

Melanoma: Epidemiological studies have shown that patients with Parkinson's disease have a higher risk (2- to approximately 6-fold higher) of developing melanoma than the general population. Whether the increased risk observed was due to Parkinson's disease or other factors, such as drugs used to treat Parkinson's disease, is unclear. For the reasons stated above, patients and providers are advised to monitor for melanomas frequently and on a regular basis when using APOKYN for *any* indication. Periodic skin examinations should be performed by appropriately qualified individuals (eg, dermatologists).

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact US WorldMeds at 1-877-727-6596 (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.

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