

GOCOVRI® FAST FACTS

GOCOVRI®
(amantadine) extended release capsules
68.5 mg | 137 mg

DID YOU KNOW?

- ✓ GOCOVRI is the **only** medication proven to reduce **BOTH dyskinesia and OFF time**¹
- ✓ GOCOVRI is a convenient, **once-nightly dose** that provides all-day medication coverage^{1,2}
- ✓ GOCOVRI is available in **2 capsule strengths** for flexibility based on patient needs¹
- ✓ GOCOVRI requires **no adjustments to current dopaminergic therapies**³
- ✓ GOCOVRI uniquely combines **delayed-release amantadine** with **extended-release amantadine** to deliver high morning levels before the first LD dose, which then tapers slowly until bedtime²
- ✓ GOCOVRI's impact on motor complications was evaluated in **the largest and longest-running (2-year) open-label extension trial of amantadine-based therapy** to date⁴
- ✓ GOCOVRI **patients have stayed on medication for over 2 years**, on average⁵

Learn more about GOCOVRI at www.GocovriHCP.com.

INDICATION

GOCOVRI® (amantadine) extended release capsules is indicated:

- For the treatment of dyskinesia in patients with Parkinson's disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications
- As adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease experiencing "off" episodes

It is not known if GOCOVRI is safe and effective in children.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

GOCOVRI is contraindicated in patients with creatinine clearance below 15 mL/min/1.73 m².

Please refer to the enclosed full Prescribing Information and Important Safety Information on back for complete information on GOCOVRI or visit www.GocovriHCP.com.

IMPORTANT SAFETY INFORMATION (CONT'D)

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WARNINGS AND PRECAUTIONS

Falling Asleep During Activities of Daily Living and Somnolence: Patients treated with Parkinson's disease medications have reported falling asleep during activities of daily living. If a patient develops daytime sleepiness during activities that require full attention (e.g., driving a motor vehicle, conversations, eating), GOCOVRI should ordinarily be discontinued or the patient should be advised to avoid potentially dangerous activities.

Suicidality and Depression: Monitor patients for depression, including suicidal ideation or behavior. Prescribers should consider whether the benefits outweigh the risks of treatment with GOCOVRI in patients with a history of suicidality or depression.

Hallucinations/Psychotic Behavior: Patients with a major psychotic disorder should ordinarily not be treated with GOCOVRI because of the risk of exacerbating psychosis. Observe patients for the occurrence of hallucinations throughout treatment, especially at initiation and after dose increases.

Dizziness and Orthostatic Hypotension: Monitor patients for dizziness and orthostatic hypotension, especially after starting GOCOVRI or increasing the dose.

Withdrawal-Emergent Hyperpyrexia and Confusion: Rapid dose reduction or abrupt discontinuation of GOCOVRI, may cause an increase in the symptoms of Parkinson's disease or cause delirium, agitation, delusions, hallucinations, paranoid reaction, stupor, anxiety, depression, or slurred speech. Avoid sudden discontinuation of GOCOVRI.

Impulse Control/Compulsive Behaviors: Patients may experience urges (e.g. gambling, sexual, money spending, binge eating) and the inability to control them. It is important for prescribers to ask patients or their caregivers about the development of new or increased urges. Consider dose reduction or stopping medications.

ADVERSE REACTIONS

The most common adverse reactions (>10%) were hallucination, dizziness, dry mouth, peripheral edema, constipation, fall, and orthostatic hypotension.

Please refer to the enclosed full Prescribing Information for complete information on GOCOVRI or visit www.GocovriHCP.com.

References: 1. GOCOVRI[®] (amantadine). Prescribing Information. Adamas Pharma LLC; 2021. 2. Hauser RA, Pahwa R, Wargin WA, et al. Pharmacokinetics of ADS-5102 (amantadine) extended release capsules administered once daily at bedtime for the treatment of dyskinesia. *Clin Pharmacokinet*. 2019;58(1):77-88. doi:10.1007/s40262-018-0663-4 3. Elmer LW, Juncos JL, Singer C, et al. Pooled analyses of phase III studies of ADS-5102 (amantadine) extended-release capsules for dyskinesia in Parkinson's disease. *CNS Drugs*. 2018;32(4):387-398. doi:10.1007/s40263-018-0498-4 4. Tanner CM, Pahwa R, Hauser RA, et al. EASE LID 2: a 2-year open-label trial of Gocovri (amantadine) extended release for dyskinesia in Parkinson's disease. *J Parkinsons Dis*. 2020;10(2):543-558. doi:10.3233/JPD-191841 5. Data on file. Adamas Pharma LLC.