MEET

KENDALL.

- A talented musician, Kendall was first diagnosed with PD in 2010 after a tremor began to limit the use of his left hand.
- After 5 years of levodopa (LD) treatment, Kendall began to experience more OFF episodes, which led his HCP to increase his LD dose.
- He started to experience sudden, unpredictable, whole-body twisting movements—dyskinesia.

"My music was silenced once again, this time not due to my inability to move [OFF episodes] but my inability to stop moving [dyskinesia]."

Kendall was looking for a solution to reduce both OFF time *and* dyskinesia.

Kendall, actual GOCOVRI® patient living with Parkinson's

INDICATION

GOCOVRI® (amantadine) extended release capsules is indicated:

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- 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

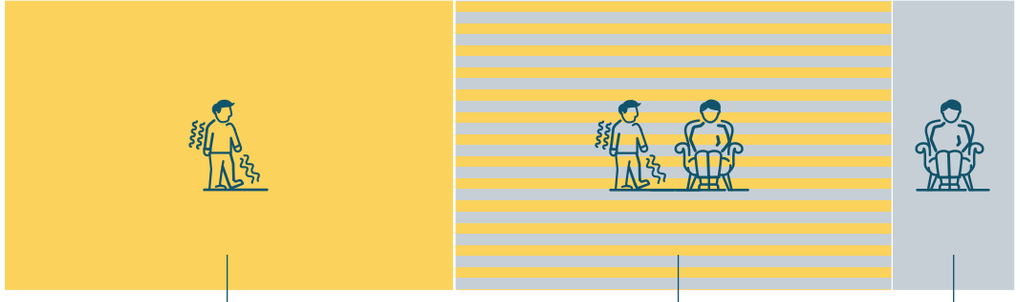
GOCOVRI is contraindicated in patients with creatinine clearance below 15 mL/min/1.73 m^2.

Please refer to the full Prescribing Information (in pocket) and Important Safety Information on page 2 for complete information on GOCOVRI, or visit www.GocovriHCP.com. 2

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

What motor complications are patients most concerned about?

In a 2020 survey, **87%** of patients emphasized the **REDUCTION OF DYSKINESIA** as a key concern[1]



44%
viewed reducing **DYSKINESIA** as most important[1]

43%
viewed reducing **DYSKINESIA AND *OFF* TIME** as equally important[1]

13%
viewed reducing ***OFF* TIME** as most important[1]

"It's really great when you have a medication that does both, helps you with the OFF time and the dyskinesia [...] in my experience, it has been an ideal solution."

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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.

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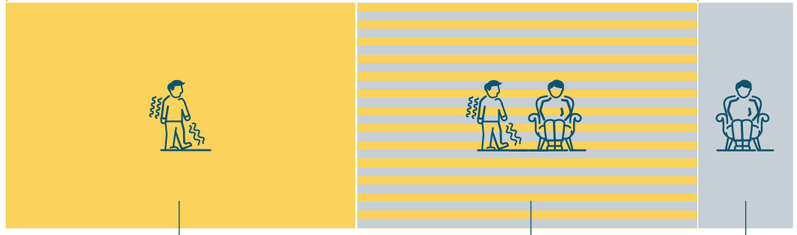

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By addressing both dyskinesia and OFF time, GOCOVRI® provides your patients more GOOD ON time[2]

Primary endpoint

41%
DECREASE IN DYSKINESIA
vs. 14% with placebo[1,3]

Secondary endpoint

21%
DECREASE IN *OFF* TIME
vs. 15% *increase* with placebo[1,3]

Secondary endpoint

3.8-HOUR
INCREASE IN *GOOD ON* TIME
vs. 1.4 hours with placebo[1,3]

Study Design[2,3]
Two pivotal, Phase 3, randomized placebo-controlled trials (Study 1 and Study 2) were conducted in PD patients[†] on levodopa. Study 1, a 24-week study, was conducted in 121 PD patients with dyskinesia (GOCOVRI [n=63], placebo [n=58]). Study 2, a 12-week study, was conducted in 75 PD patients with dyskinesia, (GOCOVRI [n=37], placebo [n=38]). In both studies, the primary efficacy endpoint was the change in total score of UDysRS[‡] between baseline and Week 12. Key secondary endpoints derived from a PD home diary included changes from baseline to Week 12 in OFF time and GOOD ON time.

*GOOD ON time = ON time without troublesome dyskinesia.
†Patients who had at least 1 hour of troublesome dyskinesia time during the day and at least mild functional impact because of dyskinesia.[2]
‡The Unifed Dyskinesia Rating Scale (UDysRS) is a standardized clinical research tool that uses both patient historical and objective measurements to assess presence of dyskinesia and its impact on daily activities. Total scores range from 0 to 104 points, with higher scores indicating more severe dyskinesia.[4]

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Getting your patients started on GOCOVRI

GOCOVRI® is available at 2 starting dose strengths for flexible dosing based on your patients' needs.[2]

ACHIEVE THE RECOMMENDED DOSE IN JUST 1 WEEK.[2]

STARTING DOSE - WEEK 1	TREATMENT DOSE - AFTER WEEK 1
137 mg QHS[2] (CrCl ≥ 60 mL/min/1.73 m²)	**274 mg QHS[2]** (CrCl ≥ 60 mL/min/1.73 m²)

RENAL CONSIDERATIONS: Since many patients with PD are elderly and more likely to have decreased renal function, a lower starting dose should be considered.*[,2]

STARTING DOSE - WEEK 1	TREATMENT DOSE - AFTER WEEK 1
Starting dose, moderate and severe impairment **68.5 mg QHS[2]** (CrCl = 15-59 mL/min/1.73 m²)	**Maximum dose, moderate impairment** **137 mg QHS[2]** (CrCl = 30-59 mL/min/1.73 m²)
	Maximum dose, severe impairment **68.5 mg QHS[2]** (CrCl = 15-29 mL/min/1.73 m²)

*Please see full Prescribing Information for additional dosing information for patients with renal impairment.

Abbreviations: CrCl, creatinine clearance; PD, Parkinson's disease; QHS, once at bedtime.

References: **1.** Data on file. Adamas Pharma LLC. **2.** GOCOVRI® (amantadine). Prescribing Information. Adamas Pharma LLC; 2021. **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.** Goetz CG, Nutt JG, Stebbins GT. The Unified Dyskinesia Rating Scale: presentation and clinimetric profile. *Mov Disord*. 2008;23(16):2398-2403. doi:10.1002/mds.22341

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