Overview of Apomorphine Subcutaneous Injections (Apokyn®) Peer-Reviewed Publications

Phase 2	
202 Study Primary Publication[1]	Subcutaneous apomorphine injection is effective and safe for outpatient use to reverse OFF-state events that occur despite optimized oral therapy
Phase 3	
303 Study Primary Publication[2]	Subcutaneous apomorphine injections provided rapid, effective relief of OFF episodes associated with advanced PD
302 Study Primary Publication[3]	Long-term use of intermittent apomorphine subcutaneous injections is an effective therapy for OFF episodes in PD
Phase 3 OLE	
303 OLE Study Primary Publication[4]	The efficacy and general tolerability of subcutaneous apomorphine throughout this open-label extension study suggest it's suitable for long-term acute treatment of OFF episodes
Phase 4	
AM-IMPAKT[5]	Subcutaneous apomorphine injections significantly reduced time-to-ON in PD patients with morning akinesia
401 Phase 3 Long-term Safety[6]	AEs associated with long-term use of apomorphine subcutaneous injections were generally mild to moderate
Initiation with TMB[7]	TMB may reduce nausea/vomiting during apomorphine subcutaneous injection initiation without affecting efficacy
Post-Hoc	
PK/PD[8]	Faster onset and greater likelihood of full ON response with subcutaneous apomorphine compared to sublingual formulations of apomorphine

Abbreviations: AE: Adverse event; **PD:** Parkinson's Disease; **TMB:** trimethobenzamide

References: 1. Dewey, R. *Arch Neurol.* 2001;58:1385-1392 **2.** Pahwa, R. *Neurolog Sci.* 2007;258:137-143. **3.** Pfeiffer, R. *Parkinsonism Relat Disord,* 2007;13(2):93-100. **4.** Trosch, R. *CNS Drugs,* 2008; 22:519–27. **5.** Isaacson S, *Mov Dis Clin Pract,* 2017;4(1):78-83. **6.** LeWitt, P. *Clin Neuropharmacol.* 2009;32: 89Y93 **7.** Hauser R, *Parkinsonism Relat Disord,* 2014;20(11):1171-1176. **8.** Nasser, A. *J Pharmacokinet Pharmacodyn.* 2024; 51(4): 385–393.

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