

APO-go® Apomorphine hydrochloride. **PRESCRIBING INFORMATION.** Consult Summary of Product Characteristics before prescribing. **Uses** Treatment of motor fluctuations ("on-off" phenomena) in patients with Parkinson's disease which are not sufficiently controlled by oral anti-Parkinson medication. **Dosage and Administration** Apomorphine hydrochloride is administered subcutaneously either as an intermittent bolus injection or by continuous subcutaneous infusion. Its rapid onset (4-12 mins) and duration of action (about 1 hour) may prevent an "off" episode which is refractory to other treatments. Apomorphine should be initiated in the controlled environment of a specialist clinic. The patient should be supervised by a physician experienced in the treatment of Parkinson's disease (e.g. neurologist). Please refer to the Summary of Product Characteristics for full details before initiating therapy. Patients treated with apomorphine will usually need to start domperidone at least two days prior to initiation of therapy. The domperidone dose should be titrated to the lowest effective dose and discontinued as soon as possible. Before the decision to initiate domperidone and apomorphine treatment, risk factors for QT interval prolongation in the individual patient should be carefully assessed to ensure that the benefit outweighs the risk. The optimal dosage of apomorphine HCl has to be determined on an individual patient basis; individual bolus injections should not exceed 10mg and the total daily dose should not exceed 100mg. Do not use if the solution has turned green. The solution should be inspected visually prior to use. Only clear, colourless and particle free solution should be used. **Contraindications** Children and adolescents (up to 18 years of age). Known sensitivity to apomorphine or any other ingredients of the product. Respiratory depression, dementia, psychotic disease or hepatic insufficiency. Intermittent apomorphine HCl treatment is not suitable for patients who have an "on" response to levodopa which is marred by severe dyskinesia or dystonia. **Pregnancy and lactation** Apomorphine should not be used in pregnancy unless clearly necessary. Breast-feeding should be avoided during apomorphine HCl therapy. **Interactions** Patients should be monitored for potential interactions during initial stages of apomorphine therapy. Particular caution should be given when apomorphine is used with other medications that have a narrow therapeutic window. It should be noted that there is potential for interaction with neuroleptic and antihypertensive agents. It is recommended to avoid the administration of apomorphine with other drugs known to prolong the QT interval. Apomorphine can increase the antihypertensive effects of domperidone. **Precautions** Use with caution in patients with renal, pulmonary or cardiovascular disease, or who are prone to nausea or vomiting. Extra caution is recommended during initiation of therapy in elderly and/or debilitated patients. Since apomorphine may produce hypotension, care should be exercised in patients with cardiac disease or who are taking vasoactive drugs, particularly when pre-existing postural hypotension is present. Neuropsychiatric problems co-exist in many patients with advanced Parkinson's disease. There is evidence that for some patients neuropsychiatric disturbances may be exacerbated by apomorphine. Special care should be exercised when apomorphine is used in these patients. Apomorphine has been associated with somnolence and episodes of sudden sleep onset, particularly in patients with Parkinson's disease. Patients must be informed of this and advised to exercise caution whilst driving or operating machines during treatment with apomorphine. Haematology tests should be undertaken at regular intervals, as with levodopa, when given concomitantly with apomorphine. Patients should be regularly monitored for the development of impulse control disorders. Patients and carers should be made aware that behavioural symptoms of impulse control disorders, including pathological gambling, increased libido, hypersexuality, compulsive spending or buying, binge eating and compulsive eating, can occur in patients treated with dopamine agonists, including apomorphine. Dose reduction/tapered discontinuation should be considered if such symptoms develop. Dopamine dysregulation Syndrome (DDS) is an addictive disorder resulting in excessive use of the product seen in some patients treated with apomorphine. Before initiation of treatment, patients and caregivers should be warned of the potential risk of developing DDS. Since apomorphine, especially at high dose, may have the potential for QT prolongation, caution should be exercised when treating patients at risk for torsades de pointes arrhythmia. When used in combination with domperidone, risk factors in the individual patient should be carefully assessed. This should be

done before treatment initiation, and during treatment. Important risk factors include serious underlying heart conditions such as congestive cardiac failure, severe hepatic impairment or significant electrolyte disturbance. Also medication possibly affecting electrolyte balance, CYP3A4 metabolism or QT interval should be assessed. Monitoring for an effect on the QTc interval is advisable. An ECG should be performed prior to treatment with domperidone, during the treatment initiation phase and as clinically indicated thereafter. The patient should be instructed to report possible cardiac symptoms including palpitations, syncope, or near-syncope. They should also report clinical changes that could lead to hypokalaemia, such as gastroenteritis or the initiation of diuretic therapy. At each medical visit, risk factors should be revisited. Apomorphine has been associated with local subcutaneous effects that can be reduced by rotation of injection sites or use of ultrasound on areas of nodularity and induration. Contains sodium metabisulphite which rarely causes severe allergic reactions and bronchospasm. **Side Effects** Local induration and nodules (usually asymptomatic) often develop at subcutaneous site of injection, leading to areas of erythema, tenderness, induration and panniculitis. Irritation, itching, bruising and pain may also occur. Rarely, injection site necrosis and ulceration have been reported. Pruritus may occur at the site of injection. Drug-induced dyskinesias during "on" periods can be severe, and in a few patients may result in cessation of therapy. Postural hypotension is seen infrequently and is usually transient. Transient sedation following each dose of apomorphine may occur at the start of therapy, but this usually resolves after a few weeks of treatment. Dizziness and light-headedness have also been reported. Nausea and vomiting may occur, particularly when APO-go treatment is initiated, usually as a result of the omission of domperidone. Neuropsychiatric disturbances including transient mild confusion and hallucinations – seeing, hearing or feeling things that are not there have occurred during apomorphine therapy and neuropsychiatric disturbances may be exacerbated by apomorphine. Positive Coombs' tests, haemolytic anaemia and thrombocytopenia have been reported in patients receiving apomorphine. Local and generalised rashes have been reported. Eosinophilia has occurred in only a few patients during treatment with apomorphine HCl. Patients treated with dopamine agonists, including apomorphine, have been reported as exhibiting signs of pathological gambling, increased libido and hypersexuality, compulsive spending or buying, binge eating or compulsive eating (especially at high doses), syncope (fainting), aggression, agitation and headache. Apomorphine is associated with somnolence. Yawning and breathing difficulties have been reported, as has peripheral oedema. Apomorphine has been associated with sudden sleep onset episodes. *Prescribers should consult the Summary of Product Characteristics in relation to other side effects.* **Presentation and Basic NHS Cost** APO-go pens (disposable multiple dosage injector system) contain apomorphine hydrochloride 10mg/ml, as follows: 30mg in 3ml – basic NHS cost £123.91 per carton of 5 pens. APO-go Pre-filled syringes contain apomorphine hydrochloride 5mg/ml, as follows: 50mg in 10ml – basic NHS cost £73.11 per carton of 5 syringes. APO-go ampoules contain apomorphine hydrochloride 10mg/ml as follows: 50mg in 5ml – basic NHS cost £73.11 per carton of 5 ampoules. Marketing Authorisation Numbers: APO-go® Ampoules: PL 04483/0072. APO-go® Pen: PL 04483/0073. APO-go® Pre Filled Syringes: PL 04483/0074. **Legal Category** POM. **SmPC Revision Date** February 2018. **API Revision date** June 2018. **Marketing Authorisation Holder in the UK** Britannia Pharmaceuticals, 200 Longwater Avenue, Green Park, Reading, Berkshire, RG2 6GP. **Full prescribing information** and further information is available from Britannia Pharmaceuticals at Enquiries@medicalinformation.co.uk or 01483 920 763.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Britannia Pharmaceuticals Ltd at dso@britannia-pharm.com or 01483 920 763.

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