PARKINSON'S DISEASE PATIENT PROFILE

Do you have patients like Susan in your practice?

Meet Susan*

Age: 66

Profession: Nursing director at a community hospital

Diagnosis: Parkinson's disease at age 60

Current Treatment: Carbidopa/levodopa (25 mg/100 mg) 3x/day

Challenges:

- She is experiencing more *off* time between doses of carbidopa/levodopa
- She reports an increase in the severity of her symptoms during *on* time, including slowed movements and difficulty speaking
- She recently chose to discontinue adjunctive treatment with a dopamine agonist due to excessive sleepiness and constipation

*This is not a real patient.

INDICATION

- XADAGO (safinamide) is indicated as an adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease (PD) experiencing "off" episodes.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- Concomitant use of other drugs in the monoamine oxidase inhibitor (MAOI) class or other drugs that are potent inhibitors of monoamine oxidase, including linezolid.

See additional Contraindications on next page

Please refer to the full Prescribing Information and Important Safety Information throughout for complete information on XADAGO, or visit www.XADAGO.com.

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(safinamide) tablets

Consider XADAGO for your patients like Susan

Not actual patient. Used for illustrative purposes.

XADAGO may help Susan achieve early and sustained motor improvements[1-5]

2 WEEKS	4 WEEKS	6 MONTHS		2 YEARS
Improvement in daily *on* time without troublesome dyskinesia[3,4]	**Improvement in daily *on* time without troublesome dyskinesia[2,3]**	**Primary endpoint: Significant increases in daily *on* time without troublesome dyskinesia[2-4]**	**Secondary endpoints: Significant reductions in *off* time and improved motor function as measured by UPDRS III[2-4]**	**Secondary endpoints: *On* and *off* time improvements maintained[5]**
Study 2; 100 mg dose	Study 1; 50 mg and 100 mg doses	Study 1 and 2; 50 mg and 100 mg doses	Study 1 and 2; 50 mg and 100 mg doses	18-month extension to Study 1†; 50 mg and 100 mg doses

*Studies 1 (016) and 2 (SETTLE) were randomized, 24-week, multicenter, double-blind, placebo controlled trials where the efficacy and safety of XADAGO as add-on therapy to a stable dose of levodopa in patients with Parkinson's disease (PD) experiencing motor fluctuations were evaluated.[2-4] After a levodopa stabilization phase, patients were randomized to receive XADAGO 50 mg/day or 100 mg/day or placebo.[2-4] In Study 2, if there were no tolerability issues by Day 14, the starting dosage was increased to 100 mg/day.[3,4]

† Study 018 was a double-blind, placebo-controlled, 18-month extension to Study 1 (016) aimed at assessing the long-term efficacy and safety of XADAGO as add-on therapy to levodopa in patients with PD and motor fluctuations.[5] **The primary efficacy endpoint in Study 018 was the Dyskinesia Rating Scale (DRS) score and was not statistically significant.[5]** Data from Study 018 do not appear in the XADAGO Prescribing Information.

Abbreviation: UPDRS, Unified Parkinson's Disease Rating Scale.

XADAGO may provide Susan with noticeable improvements in health status as measured by PDQ-39[2-5]

The Parkinson's Disease Questionnaire (PDQ-39) is a PD-specific health status questionnaire comprising 39 items. Items are grouped into 8 subscales that are scored by expressing summed item scores as a percentage score ranging between 0 and 100.[6]

Mobility · Activities of Daily Living · Emotional Well-Being · Stigma · Social Support · Cognition · Communication · Bodily Discomfort

XADAGO 100 mg dose group showed:

12% reduction (improvement) in PDQ-39 total scores at **6 months** (Studies 1 and 2)‡,[2-4]

14% reduction (improvement) in PDQ-39 total scores at **2 years** (Study 018)‡,[3,5]

‡PDQ-39 was a secondary endpoint in Study 2 and a tertiary endpoint in Study 1 and Study 018.[2-5]

IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS (cont'd)

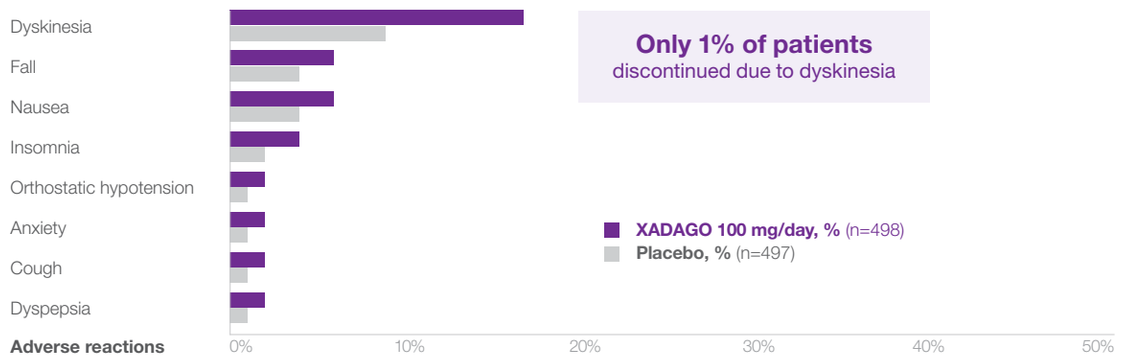
- Concomitant use of opioid drugs (e.g., meperidine and its derivatives, methadone, propoxyphene, or tramadol); serotonin-norepinephrine reuptake inhibitors (SNRIs), tri- or tetra-cyclic or triazolopyridine antidepressants; cyclobenzaprine; methylphenidate, amphetamine, and their derivatives; or St. John's wort. Concomitant use could result in life-threatening serotonin syndrome.
- Concomitant use of dextromethorphan.
- In patients with a history of a hypersensitivity to safinamide.
- In patients with severe hepatic impairment (Child-Pugh C).

Susan may find adding XADAGO to her current treatment regimen is a convenient option

Not actual patient. Used for illustrative purposes.

Demonstrated tolerability with XADAGO[1]

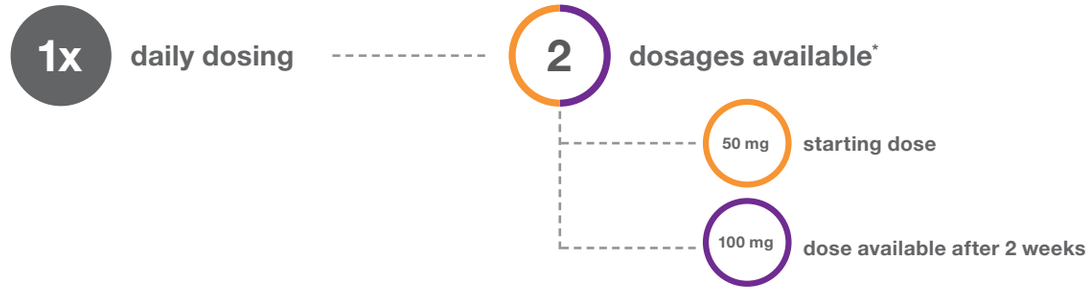
Patients with adverse reactions with an incidence ≥2% in the XADAGO 100 mg/day group and greater than placebo in Studies 1 and 2[1]



Only 1% of patients discontinued due to dyskinesia

Overall discontinuation rates due to adverse reactions from Study 1 (016) and Study 2 (SETTLE) were 5% for XADAGO 50 mg/day, 6% for XADAGO 100 mg/day, and 4% for placebo.[1]

Once-daily to help patients simply start and stay on treatment[1]



*50 mg recommended starting dose, once-daily. After 2 weeks, the dosage may be increased to 100 mg once daily, based on individual need and tolerability. If a dose is missed, the next dose should be taken at the same time the next day. XADAGO 100 mg/day should be tapered by decreasing to 50 mg/day for 1 week before stopping.

>87% of patients in clinical trials required no decrease in their levodopa dose[2-4]

Learn more about how your patients may benefit from XADAGO at **XADAGOhcp.com**.

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Do you have patients in your practice like Susan who may benefit from XADAGO?

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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS & PRECAUTIONS

- XADAGO may cause or exacerbate hypertension. In clinical trials, the incidence of hypertension was 7%, 5%, and 4% for XADAGO 50mg, 100mg, and placebo respectively. Patients should be monitored after starting XADAGO for new-onset hypertension or hypertension that is not adequately controlled. Dietary tyramine restriction is not required during treatment with recommended doses of XADAGO. However, patients should be advised to avoid foods containing a very high amount of tyramine because of the potential for severe increases in blood pressure, also referred to as hypertensive urgency, crisis, or emergency.
- Patients treated with dopaminergic medications have reported falling asleep while engaged in activities of daily living. If a patient develops daytime sleepiness or episodes of falling asleep during activities that require full attention (e.g., driving a motor vehicle, conversations, eating), XADAGO should ordinarily be discontinued, or the patient should be advised to avoid driving and other potentially dangerous activities.
- May cause dyskinesia (or exacerbate dyskinesia).
- Patients with a major psychotic disorder should ordinarily not be treated with XADAGO because of the risk of exacerbating psychosis with an increase in central dopaminergic tone. Consider dosage reduction or discontinuation if hallucinations or psychotic-like behavior develop.
- Patients can experience impulse control/compulsive behaviors while taking XADAGO. Because patients may not recognize these behaviors as abnormal, it is important for prescribers to specifically ask patients or their caregivers about new or increased abnormal behaviors.
- Withdrawal-emergent hyperpyrexia and confusion, a symptom complex resembling neuroleptic malignant syndrome (characterized by elevated temperature, muscular rigidity, altered consciousness, and autonomic instability), with no other obvious etiology, has been reported in association with rapid dose reduction, withdrawal of, or changes in drugs that increase central dopaminergic tone.
- Monitor periodically for visual changes in patients with a history of retinal/macular degeneration, uveitis, inherited retinal conditions, family history of hereditary retinal disease, albinism, retinitis pigmentosa, or any active retinopathy (e.g., diabetic retinopathy).

DOSING GUIDELINES & CONSIDERATIONS

- The maximum recommended dosage of XADAGO in patients with moderate hepatic impairment is 50 mg once daily. Discontinue XADAGO if patient progresses from moderate to severe hepatic impairment. XADAGO is contraindicated in patients with severe hepatic impairment.

ADVERSE REACTIONS

- In placebo-controlled studies, the most common adverse reactions associated with XADAGO treatment in which the incidence for XADAGO 100mg/day was at least 2% greater than the incidence for placebo were dyskinesia, fall, nausea, and insomnia.

References:

1. XADAGO. Package Insert. US WorldMeds, LLC. **2.** Borgohain R, Szasz J, Stanzione P, et al. Randomized trial of safinamide add-on to levodopa in Parkinson's disease with motor fluctuations. *Mov Disord.* 2014;29(2):229-237. **3.** Data on file. Rockville, MD: Supernus Pharmaceuticals; 2017. **4.** Schapira AHV, Fox SH, Hauser RA, et al. Assessment of safety and efficacy of safinamide as a levodopa adjunct in patients with Parkinson disease and motor fluctuations: a randomized clinical trial. *JAMA Neurol.* 2017;74(2):216-224. **5.** Borgohain R, Szasz J, Stanzione P, et al. Two-year, randomized controlled study of safinamide as add-on to levodopa in mid to late Parkinson's disease. *Mov Disord.* 2014;29(10):1273-1280. **6.** Jenkinson C, Fitzpatrick R, Peto V, Greenhall R. The Parkinson's Disease Questionnaire (PDQ-39): development and validation of a Parkinson's disease summary index score. *Age Ageing.* 1997;26:353-357.

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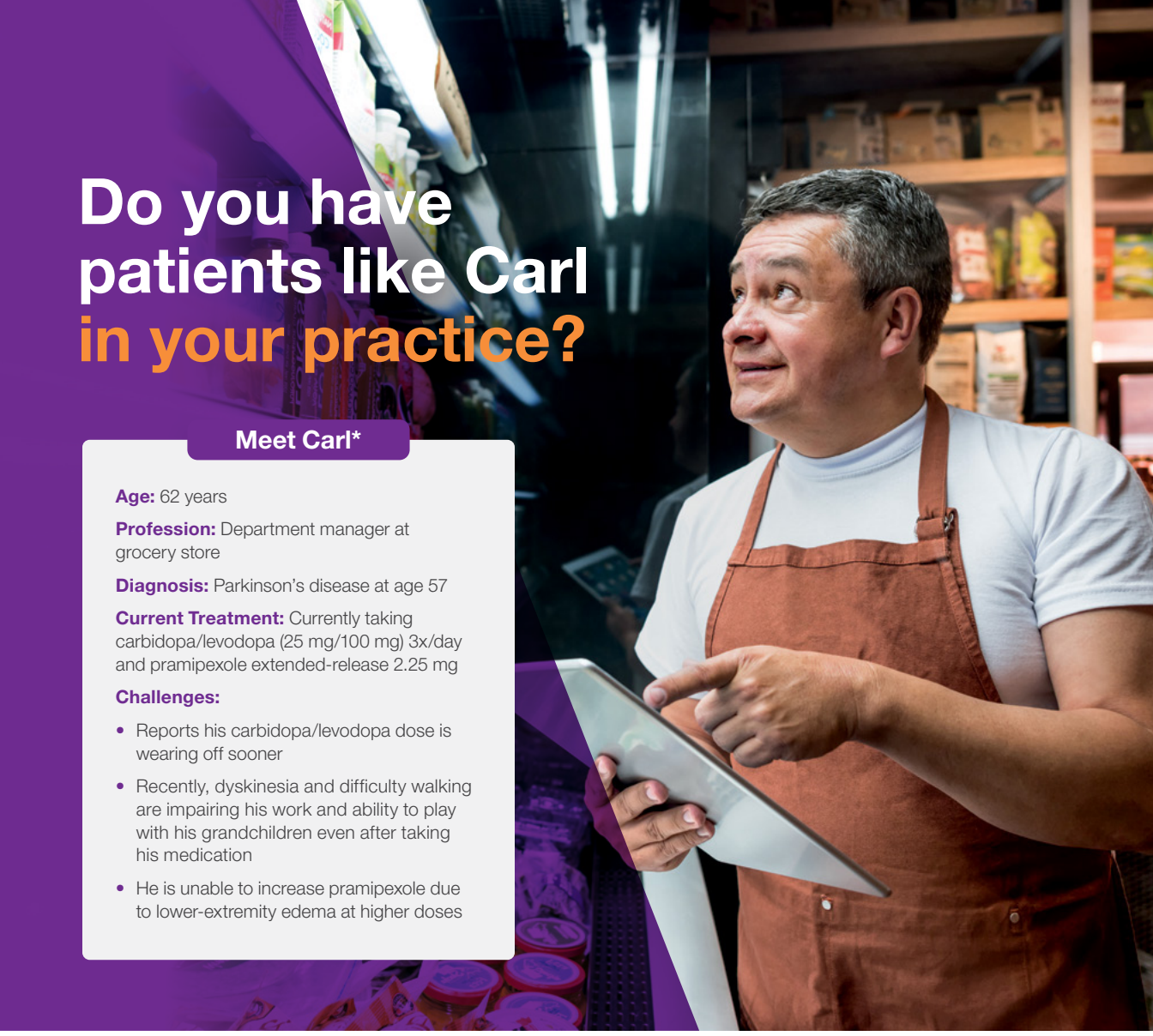
XADAGO® (safinamide) tablets

Supernus® Pharmaceuticals

Do you have patients like Carl in your practice?



Meet Carl*

Age: 62 years

Profession: Department manager at grocery store

Diagnosis: Parkinson's disease at age 57

Current Treatment: Currently taking carbidopa/levodopa (25 mg/100 mg) 3x/day and pramipexole extended-release 2.25 mg

Challenges:

- Reports his carbidopa/levodopa dose is wearing off sooner
- Recently, dyskinesia and difficulty walking are impairing his work and ability to play with his grandchildren even after taking his medication
- He is unable to increase pramipexole due to lower-extremity edema at higher doses

*This is not a real patient. This representation was not designed to reflect efficacy for an individual patient subgroup. Individual results may vary.

INDICATION

- XADAGO (safinamide) is indicated as an adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease (PD) experiencing "off" episodes.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- Concomitant use of other drugs in the monoamine oxidase inhibitor (MAOI) class or other drugs that are potent inhibitors of monoamine oxidase, including linezolid.

See additional Contraindications on next page

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Consider XADAGO to help Carl keep on his current path

Not actual healthcare provider or patient. Used for illustrative purposes.

Two pivotal studies* evaluated XADAGO in patients like Carl[1-4]

Carl	Study 1	Study 2
✓ Male	72%	61%
✓ 62 years	~60 years	~62 years
✓ Experiencing *off* episodes	100%	100%
✓ On levodopa	100%	100%
✓ Concomitant dopamine agonist	61%	74%

*Studies 1 (016) and 2 (SETTLE) were randomized, 24-week, multicenter, double-blind, placebo controlled trials where the efficacy and safety of XADAGO as add-on therapy to a stable dose of levodopa in patients with Parkinson's disease (PD) experiencing motor fluctuations were evaluated.[2-4] After a levodopa stabilization phase, patients were randomized to receive XADAGO 50 mg/day or 100 mg/day or placebo.[2-4] In Study 2, if there were no tolerability issues by day 14, the starting dosage was increased to 100 mg/day.[3,4]

XADAGO may help Carl achieve early and sustained motor improvements[1-5]

2 WEEKS

Improvement in daily *on* time without troublesome dyskinesia[3,4]

Study 2; 100 mg dose

4 WEEKS

Improvement in daily *on* time without troublesome dyskinesia[2,3]

Study 1; 50 mg and 100 mg doses

6 MONTHS

Primary endpoint: Significant increases in daily *on* time without troublesome dyskinesia[2-4]

Study 1 and 2; 50 mg and 100 mg doses

Secondary endpoints: Significant reductions in *off* time and improved motor function as measured by UPDRS III[2-4]

Study 1 and 2; 50 mg and 100 mg doses

2 YEARS

Secondary endpoints: *On* and *off* time improvements maintained[5]

18-month extension to Study 1†; 50 mg and 100 mg doses

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- Concomitant use of dextromethorphan.
- In patients with a history of a hypersensitivity to safinamide.
- In patients with severe hepatic impairment (Child-Pugh C)

Carl may find adding XADAGO to his current treatment regimen is a convenient option

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Well-established tolerability[1]

Most common adverse reactions (incidence on XADAGO 100 mg/day at least 2% greater than placebo) were dyskinesia (17%), fall (6%), nausea (6%), and insomnia (4%)

Overall discontinuation rates due to adverse reactions from Study 1 (016) and Study 2 (SETTLE) were 5% for XADAGO 50 mg/day, 6% for XADAGO 100 mg/day, and 4% for placebo

Only 1% of patients discontinued due to dyskinesia

Once-daily to help patients simply start and stay on treatment[1]

1x daily dosing

2 dosages available*

- 50 mg — starting dose
- 100 mg — dose available after 2 weeks

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