FAX THIS PAGE

Patient Authorization for VA Patients

Complete and Fax: 502-212-1097 **Alt Fax:** 888-525-2431
Phone: 833-3ONAPGO (833-366-2746)
Complete these forms if you are electing Circle of Care™ Services.

ONAPGO™ (apomorphine HCl) injection, for subcutaneous use • 4.9 mg/mL

Patient Name:	**DOB:**

Please read the following carefully, then sign and date below.

I. Patient Authorization for Release of Health Information Form

By signing this Authorization, I authorize my healthcare provider, my health insurance company, and my pharmacy providers ("Healthcare Entities") and each of their respective representatives, employees, and agents (collectively "Providers") to disclose information relating to my medical condition, treatment, and prescription details ("Protected Health Information" or "PHI") to Supernus Pharmaceuticals and its agents, contractors, and other partners, including companies working with Supernus, which may be branded as Circle of Care™ (collectively, "Supernus") for Supernus to (i) provide me with support and related information and materials on any of Supernus' products, including, but not limited to, educational support provided in-person, online or by telephone, and medication adherence support ("Programs"), (ii) conduct data analytics, market research and other internal business activities including, but not limited to, evaluating the Programs provided, and (iii) provide me with information about Supernus' products, services, and programs and other topics of interest for marketing, educational or other purposes.

For purposes of clarification, Supernus includes but is not limited to brand specific support through a hub service provider, specialty pharmacy service providers, Circle of Care Clinical Nurse Navigators, as well as other entities under contract with Supernus to support these or similar aspects of the Programs. For purposes of providing support through the Programs, I thereby authorize Supernus to contact me via text messaging, phone, fax, email, and/or mail – including texts and calls made using an automatic telephone dialing system or prerecorded or artificial voice messages – and to leave a detailed message that includes reference to ONAPGO treatment, as needed.

Once my PHI has been disclosed to Supernus, I understand that state and federal privacy laws no longer protect the information. However, Supernus agrees to protect my PHI by using and disclosing it only for purposes authorized in this Authorization or as required by law or regulations. I understand that my pharmacy provider may receive remuneration from Supernus in exchange for the PHI and/or for any support services provided to me.

I understand that I am not required to sign this Authorization and that my Providers will not condition my treatment, payment, enrollment, or eligibility for benefits on whether I sign this Authorization. This Authorization will expire in 10 years or a shorter period if required by state law, unless I revoke it sooner by writing Circle of Care/Supernus, c/o PharmaCord, PO Box 5490, Louisville, KY 40255. I understand that revoking my Authorization will not affect any use of my information that occurred before my request was processed. I am entitled to a copy of this signed authorization. I certify the information provided on this form is complete and accurate, to the best of my knowledge and I understand that Supernus can revise, change or terminate the Programs at any time.

I have read and understand the Patient Authorization for Release of Health Information Form and agree to the terms. A signature is required in order to receive Supernus services which are not a part of, endorsed by, or administered by the U.S. Department of Veterans Affairs.

SIGN HERE

_____ _____
Signature of Patient **Date**

In addition, I authorize the disclosure of my Protected Health Information to the following designated individual(s) (optional):

_____ _____
Designated Individual (print name) **Relationship**

II. Marketing/Other Communications Opt-In (optional)

I further authorize Supernus, and companies working with Supernus, any of which may be branded as Circle of Care (collectively "Supernus"), to contact me by mail, email, fax, telephone call, and text message for marketing purposes or otherwise provide me with information about Supernus' products, services, and programs or other topics of interest, conduct market research or otherwise ask me about my experience with or thoughts about such topics. I understand and agree that any information that I provide may be used by Supernus to help develop new products, services, and programs. Note that Supernus will not sell or transfer my personal data to any unrelated third party for marketing purposes without my express permission.

I have read and understand the Marketing/Other Communications Opt-In and agree to the terms.

Signature of Patient: _____ **Date:** _____

Designated Individual (print name): _____ **Relationship:** _____

NP.ONA.2025-0001-V2 10/26

FAX THIS PAGE

Circle of Care™ Program Support

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ONAPGO™ (apomorphine HCl) injection, for subcutaneous use • 4.9 mg/mL

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Address: _____ City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____ Preferred Patient Language: ☐ English ☐ Spanish ☐ Other: _____

Care Partner/Alternate Contact:

Relationship to Patient: _____ Best time to contact: ☐ Morning ☐ Afternoon

Prescribing Doctor Information

First Name: _____ Last Name: _____

VA Facility: _____

City: _____ State: _____ ZIP: _____ Phone: _____

PATIENT SERVICES CONSENT

By signing below, I request enrollment in the Circle of Care Program, whereby I elect to receive complementary Clinical Nurse Navigator support as selected, which is not part of, endorsed by, or administered by the U.S. Department of Veterans Affairs.

The Circle of Care Program is optional and not required for ONAPGO. You are not required to enroll. If you choose to enroll, select A or B below.

☐ **A. Patient Education and Support: If you select A, your ONAPGO Start (Initiation) and subsequent Dose Titrations will occur in your doctor's office.** Prior to starting ONAPGO, your Circle of Care Clinical Nurse Navigator will review expectations, work to establish proficiency with the ONAPGO device, review the Patient Instructions for Use including daily administration and setup, and train and educate on skin health. You will be taught how to use ONAPGO per your prescribers' orders. Ongoing Support and Education will be provided through Dose Titration and ongoing for the entire time you are on ONAPGO. The Clinical Nurse Navigator will continue to educate on device proficiency, skin health, daily administration, and setup. Clinical Nurse Navigators do not give medical advice about a patient's personal treatment plan and will refer you to your healthcare provider for that specific medical advice. Education may be conducted in person, by phone and/or by video call.

☐ **B. Start (Initiation) and Dose Titration Visit Support and Education: By Selecting option B, you will receive the Patient Education and Support as outlined above in box A, and your ONAPGO Start (Initiation) and subsequent Dose Titration Visits will occur in your home.** Your Circle of Care Clinical Nurse Navigator will schedule and coordinate your ONAPGO Start appointment. During your Start appointment, you will be instructed and trained on administering ONAPGO consistent with your prescribers' orders. The Clinical Nurse Navigator will record your response to ONAPGO. In addition, your Clinical Nurse Navigator will educate on skin health, future dose titration and optimization, and daily administration. For your Dose Titrations, the Clinical Nurse Navigator will schedule and coordinate your ONAPGO Titration Visits consistent with your prescribers' orders. Dose Titration will occur in your home and the ONAPGO continuous dosages and extra dose will be titrated per your prescribers' order in sections B and C on the prescription form. Titration will continue until an optimal dose has been reached. Device setting will be set by your prescriber and/or a Supernus/MDD US Operations Clinical Nurse Navigator based on selections your prescriber made in sections B and C on the prescription form.

If in-home Start and Dose Titration support and education by the Supernus Circle of Care Clinical Nurse Navigator is requested by the patient, a copy of the ONAPGO Prescription Form for VA Patients must be faxed to 502-212-1097.

SIGN HERE

_____ _____

Signature **Date**

Fax pages 1 & 2 to 502-212-1097. Please provide page 3, Patient Authorization and Important Safety Information to the patient.

Patient Authorization for VA Patients

ONAPGO™ (apomorphine HCl) injection, for subcutaneous use • 4.9 mg/mL

Patient Copy

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I have read and understand the Marketing/Other Communications Opt-In and agree to the terms.

NP.ONA.2025-0001-V2 10/26

This page should be provided to the patient.

USE

ONAPGO is a prescription medicine used to treat motor fluctuations (OFF episodes) in adults with advanced Parkinson's disease (PD). It is not known if ONAPGO is safe and effective in children.

IMPORTANT SAFETY INFORMATION

Do not take ONAPGO if you are:

- taking certain medicines to treat nausea (ondansetron, granisetron, dolasetron, palonosetron) and alosetron. People taking ondansetron with apomorphine had very low blood pressure and lost consciousness (blacked out).
- allergic to apomorphine or to any ingredients in ONAPGO including sulfite. Sulfites can cause severe, life-threatening allergic reactions, especially in people with asthma.

Call your healthcare provider or get emergency help right away if you have any of the following symptoms of severe life-threatening allergic reaction:

• hives • itching • rash • swelling (eyes, tongue, lips, or mouth) • chest pain • throat tightness • trouble breathing or swallowing.

Before you start using ONAPGO, tell your healthcare provider about all of your medical conditions, including:

• difficulty staying awake during the daytime • dizziness, fainting spells, or low blood pressure • asthma • allergies to any medicines containing sulfites • heart problems • a history of stroke or other brain problems • kidney problems • liver problems • a mental problem called a major psychotic disorder • drinking alcohol • if you are pregnant or plan to become pregnant, or breastfeeding or plan to breastfeed. It is not known if ONAPGO will harm your unborn baby or pass into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription (over-the-counter) medicines, vitamins, and herbal supplements. ONAPGO and certain other medicines may affect each other and cause serious side effects.

- If you take nitroglycerin under your tongue (sublingual) while using ONAPGO, your blood pressure may decrease and cause dizziness. If possible, lie down before taking it and then try to continue lying down for at least 45 minutes after.

What should I avoid while using ONAPGO?

- **Do not** drink alcohol. It can increase your chance of developing serious side effects.
- **Do not** take medicines that make you sleepy.
- **Do not** drive, operate machinery, or do other dangerous activities until you know how ONAPGO affects you.
- **Do not** change your position too fast, get up slowly from sitting or lying. ONAPGO can lower blood pressure and cause dizziness or fainting.

What are the possible side effects of ONAPGO?

ONAPGO may cause serious side effects, including:

- **blood clots**. Infusing ONAPGO into a vein (intravenous) can cause blood clots. **Do not** infuse ONAPGO in your vein.
- **nausea and vomiting are common**. May be serious or severe. Your healthcare provider may prescribe medicine (trimethobenzamide) to help decrease nausea/vomiting. Follow your healthcare provider's instructions on how to take/when to stop this medicine.
- **sleepiness or falling asleep during the day is common and may be serious**. Some people may get sleepy during the day or fall asleep without warning while doing everyday activities such as talking, eating, or driving.
- **dizziness is common and may be serious**. ONAPGO can lower your blood pressure and cause dizziness. Dizziness can happen when treatment is started or when the dose is increased. **Do not** get up too fast from sitting or lying down, especially if you have been sitting or lying down for a long time.
- **falls**. Changes that can happen with PD, and effects of some PD medicines, including ONAPGO, as well as trimethobenzamide, can increase your risk of falling.
- **infusion site reaction is common and may be serious**. Reactions and infections including infusion site nodules, redness, bruising, swelling, rash, and itching may happen.
- **hallucinations or psychotic-like behavior**. ONAPGO can cause/worsen psychotic-like behavior including hallucinations (seeing or hearing things that are not real), confusion, excessive suspicion, aggressive behavior, agitation, delusional beliefs (believing things that are not real), and disorganized thinking.
- **sudden uncontrolled movements (dyskinesia) are common and may be serious**. Some people with PD may get sudden, uncontrolled movements after treatment with some PD medicines. ONAPGO can cause/make dyskinesia worse.
- **low red blood cells (hemolytic anemia)**. Tell your healthcare provider if you have: become pale, fast heartbeat, feel more tired or weaker than usual, skin or eyes look yellow, chest pain, shortness of breath or trouble breathing, dark-colored urine, fever, dizziness, or confusion.
- **strong (intense) urges**. New or increased gambling urges, sexual urges, and other intense urges have been reported.
- **heart problems**. If you have shortness of breath, fast heartbeat, or chest pain, call your healthcare provider or get emergency help right away.
- **serious heart rhythm changes (QT prolongation)**. Tell your healthcare provider right away if you have a change in your heartbeat (a fast or irregular heartbeat), or faint.
- **allergic reaction**. Tell your healthcare provider or get medical help right away if you get hives, itching, rash, swelling of the eyes and tongue, or trouble breathing.
- **tissue changes (fibrotic complications)**. Some people have had changes in the tissues of their pelvis, lungs, and heart valves when taking medicines called non-ergot derived dopamine agonists like ONAPGO.
- **prolonged painful erections (priapism)**. May occur. If you have an erection that lasts more than 4 hours, call your healthcare provider or go to the nearest hospital emergency room right away.

Other common side effects of ONAPGO include headache and trouble falling asleep or staying asleep (insomnia).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Patients and care partners must receive complete instructions on the proper use of ONAPGO. Please see Patient Information and talk to your healthcare provider.

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This page should be provided to the patient.