



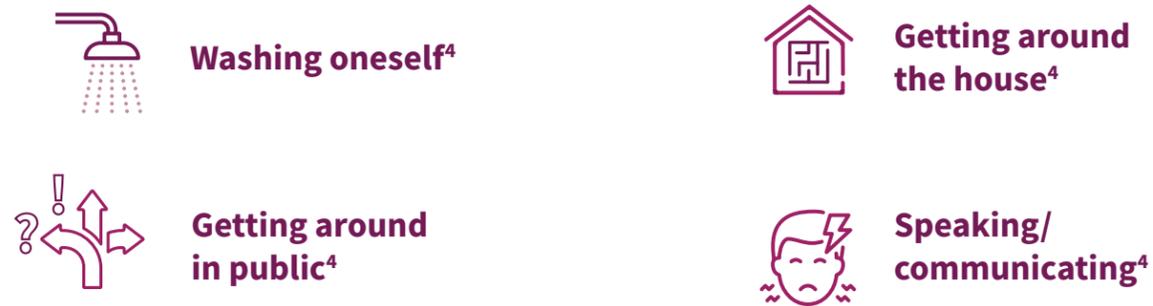
Rapid-acting dopaminergic therapy (RAD-T) and time to ON

Is it time to consider earlier use in Parkinson's disease (PD)?

Common treatment approaches to OFF episodes may not fully address patient needs^{1,2}

In PD, OFF episodes are characterized by the reappearance and/or worsening of motor symptoms and/or nonmotor symptoms, and they can significantly erode quality of life.³

OFF episodes are associated with difficulty:



Current OFF episode treatment approaches involve increasing baseline oral carbidopa/levodopa (CD/LD) dosage and frequency, followed by adding ON-extender therapy.^{1,2}

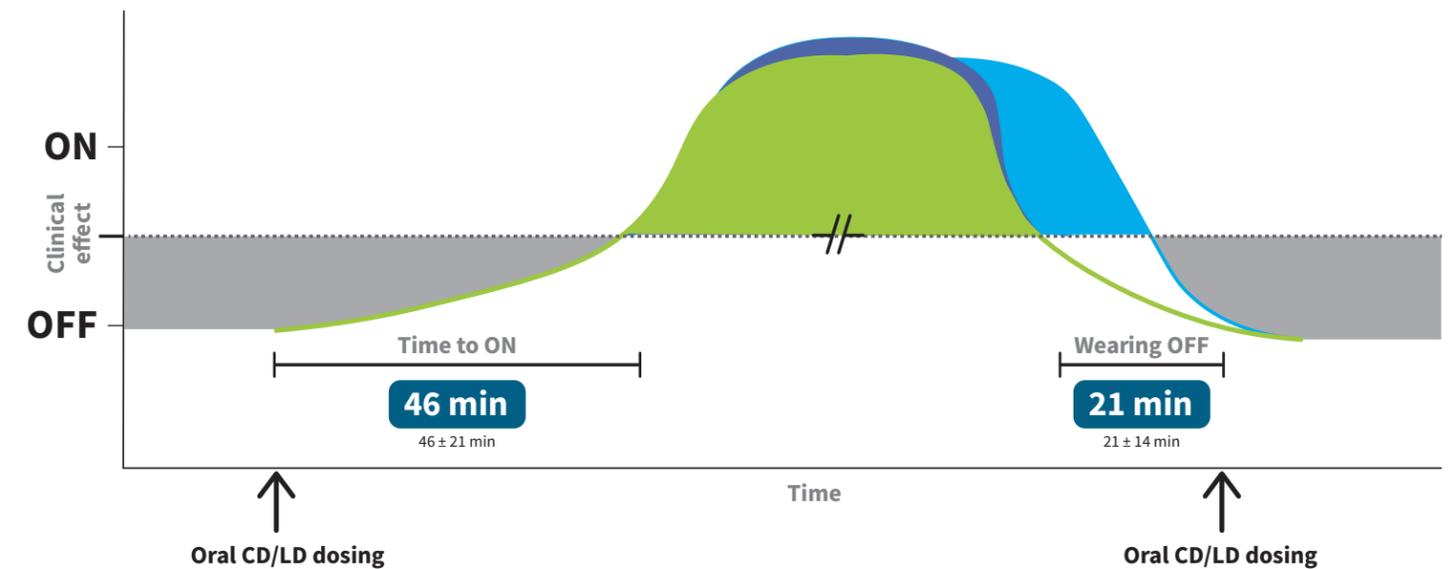
Challenges that can impact the optimal delivery of CD/LD, which may further delay ON time⁵⁻⁷:

- General swallowing problems
- Competition with amino acids
- Gastroparesis (delayed emptying of the stomach)

Gastroparesis (delayed emptying of the stomach) can lead to variable absorption of CD/LD, which may further delay ON time⁷

Time to ON can account for 2X more daily OFF time than wearing OFFs⁸

OFF EPISODES MAY OCCUR WITH EACH CD/LD DOSE THROUGHOUT THE DAY^{5,6,8*}

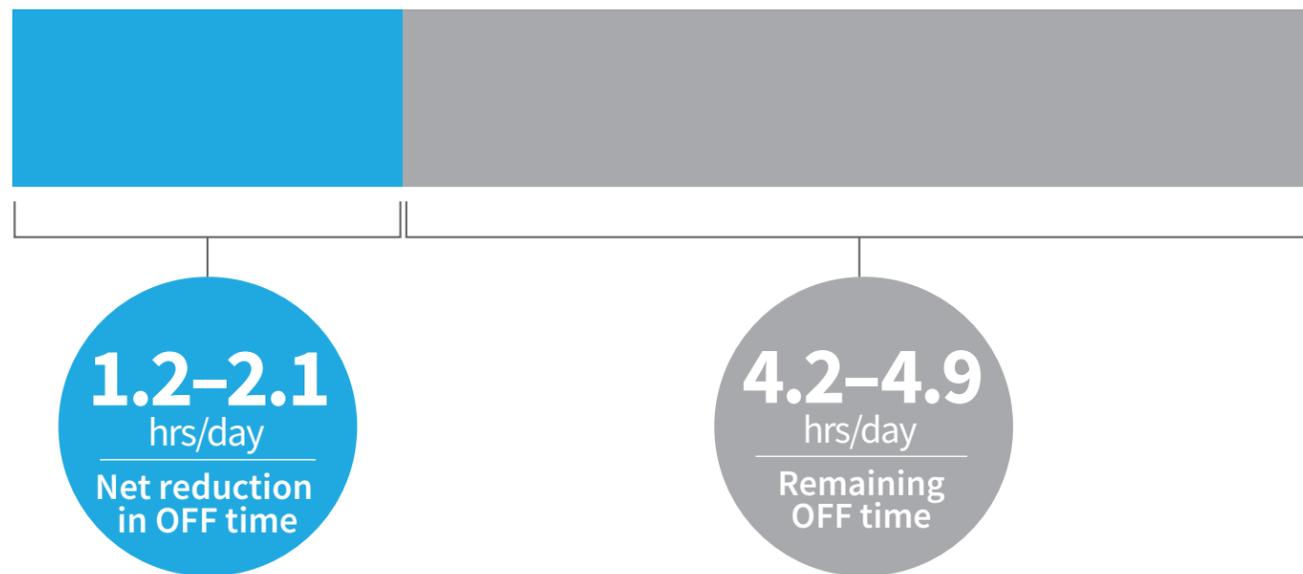


CURRENT TREATMENT APPROACHES^{1,2,9}

*Adapted from a daily study of 20 patients with advanced PD receiving levodopa (mean total daily dose of 821 mg, 5-9 divided daily doses).⁸ Graphic is not to scale.

Despite treatment with ON-extenders,* patients may still experience up to 5 hours of OFF time daily¹⁰⁻¹⁹

IN PLACEBO-CONTROLLED TRIALS, THE USE OF ON-EXTENDERS RESULTED IN A NET REDUCTION OF OFF TIME RANGING BETWEEN 1.2-2.1 HOURS/DAY AND REMAINING OFF TIME RANGED FROM 4.2-4.9 HOURS/DAY¹⁰⁻¹⁹



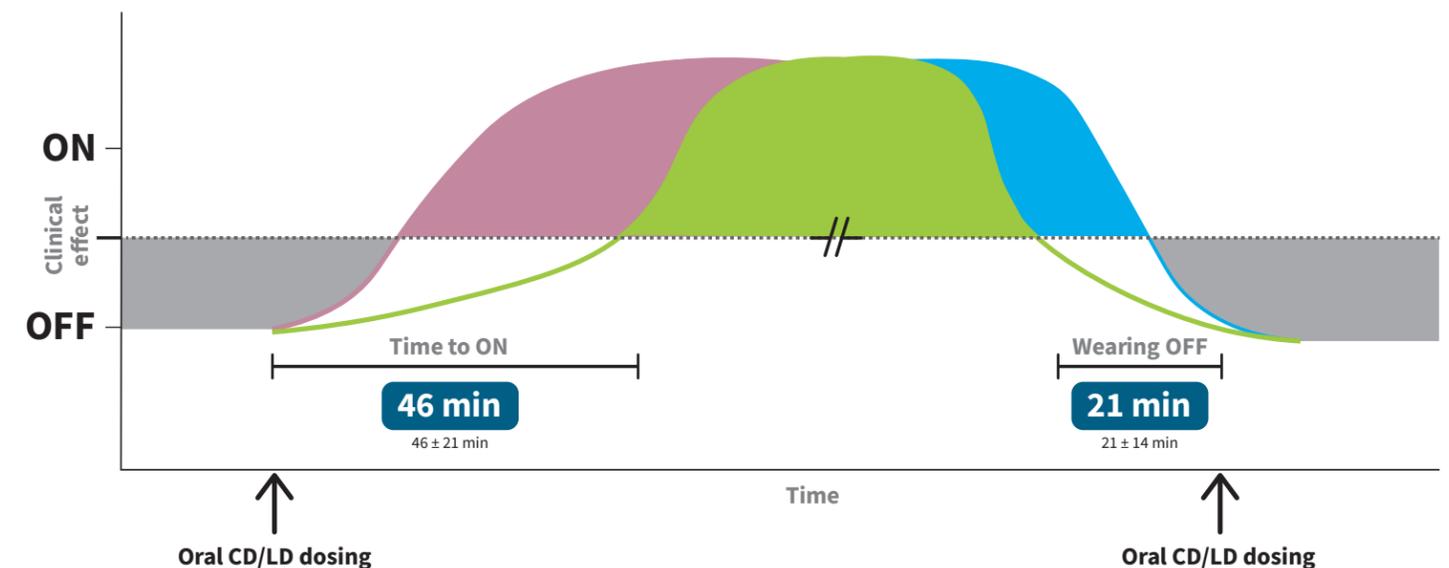
*Select ON-extendents include a dopamine agonist, COMT (catechol-O-methyltransferase) inhibitor, MAO-B (monoamine oxidase-B) inhibitor, and adenosine A_{2A} receptor antagonist. This is not an inclusive list of all adjunctive PD medications.¹⁰⁻¹⁹

Is rapid-acting dopaminergic therapy (RAD-T) a solution to address continued gaps in time to ON?

Is it time to consider earlier use of RAD-T for OFF episodes?

RAD-Ts are approved for the intermittent treatment of OFF episodes.²⁰⁻²³ The versatility of RAD-T makes it a complementary partner to current treatment approaches at any time after the onset of OFF episodes.²⁰⁻²⁴

A POTENTIAL APPROACH UTILIZING RAD-T FOR THE TREATMENT OF OFF EPISODES^{8,21-23*}



*Adapted from a daily study of 20 patients with advanced PD receiving levodopa (mean total daily dose of 821 mg, 5-9 divided daily doses).⁸ Graphic is not to scale.

It's time to consider earlier use of RAD-T for OFF episodes. The versatility of RAD-T makes it a complementary partner to current treatment approaches at any time after the onset of OFF episodes²⁰⁻²⁴

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