

Helping your patients with Parkinson's disease (PD)
who experience intermittent 'OFF' episodes to...

GET 'ON' WITH LIFE

WITH
KYNMOBI®
(apomorphine hydrochloride)



**The first and only sublingual treatment
that provides relief from symptoms of
'OFF' episodes*1-4**



INDICATION

KYNMOBI® is indicated for the intermittent treatment of 'OFF' episodes in adult patients with Parkinson's disease (PD) which are not sufficiently controlled by oral anti-Parkinson medication¹

Prescribing Information and Adverse Event Information Reporting
can be found by [clicking here](#)

Online leaflet – not to be printed

Bial
Keeping
life in mind

KYNMOBI®
(apomorphine HCl) sublingual film
10 mg • 15 mg • 20 mg • 25 mg • 30 mg



WHY KYNMOBI®?

Up to 94% of patients who report motor fluctuations may spend 1 to 5 hours per day in 'OFF' mode.^{6*}

Almost all patients with Parkinson's disease will experience 'OFF' episodes as their disease progresses.^{7,8}



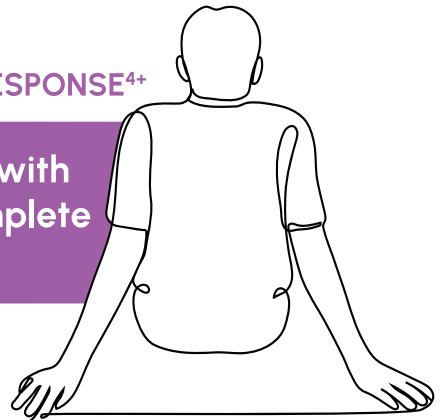
Image for illustrative purposes only

WITH KYNMOBI® THE MAJORITY OF 'OFF' EPISODES WERE CONVERTED INTO A COMPLETE "ON" RESPONSE⁴⁺

Approximately 80% of patients treated with KYNMOBI® for 48 weeks achieved a complete 'ON' response within 30 minutes.⁴

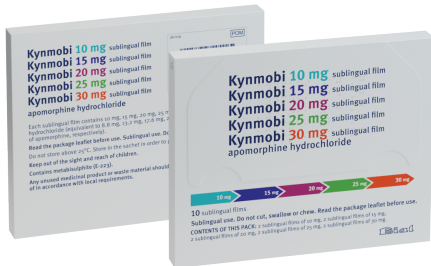
*Results obtained from a survey of 722 Parkinson's patients in the USA. 321 of the 722 patients evaluated reported 'OFF' episodes, despite ongoing/optimised therapy (44%).

*Results from multicenter, open-label, Phase 3 CTH-301 study (data cutoff date September 2020) of patients who achieved a self-rated FULL "ON" Within 30 Minutes post dose by office visit assessment or home dosing and response diary entry.



AVAILABLE DOSES

Apomorphine sublingual film is a blue-green rectangular film with a white printed number identifying the dose (e.g., "10" means 10 mg), and is available in different doses and packages sizes:



TITRATION KIT:

The treatment initiation package contains 10 sublingual films with 2 sublingual films of 10 mg, 15 mg, 20 mg, 25 mg, and 30 mg.



MAINTENANCE PACK:

This contains 30 sublingual films.

HOW LONG DOES IT TAKE TO ACT?

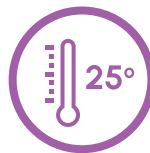


Improvements should be noticed after 15 to 30 minutes, but may vary from patient to patient.³

HOW TO STORE?



The patient should keep the apomorphine film in the sachet until ready to take it.



Do not store at temperatures above 25°C. Store in the sachet to protect from light and moisture.

check out **bialive** to see more resources
for patients with Parkinson's Disease

This resource has been developed by Bial.
Access it by scanning by [clicking here](#).

ADMINISTRATION¹

1



Drink water

Before taking each dose of KYNMOBI®, drink water to moisten your mouth.

This helps the film dissolve more easily.

2



Open the KYNMOBI® Sachet

Hold the wing tabs on the sachet between your thumb and pointer finger of each hand.

Make sure to place your fingers directly on the raised dots on each wing tab.

Gently pull the wing tabs apart to open the pouch.

3



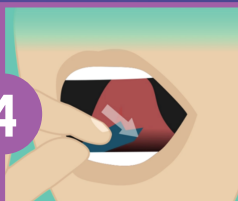
Take KYNMOBI® out of the sachet

Hold KYNMOBI® between your fingers by the outside edges and remove the entire KYNMOBI® from the sachet.

KYNMOBI® must be taken whole.

Throw away KYNMOBI® if it is broken or missing pieces. Use a new Kynmobi for your dose.

4



Place entire KYNMOBI® under your tongue

Place the film under your tongue as far back as possible. Close your mouth.

5



Keep KYNMOBI® in place until it has completely dissolved

Do not chew or swallow the film.

Do not swallow saliva or talk while the film is dissolving, as this may affect how the medicine in the film is absorbed.

6



Open your mouth to check if KYNMOBI® has completely dissolved

It may take about 3 minutes for the film to dissolve.

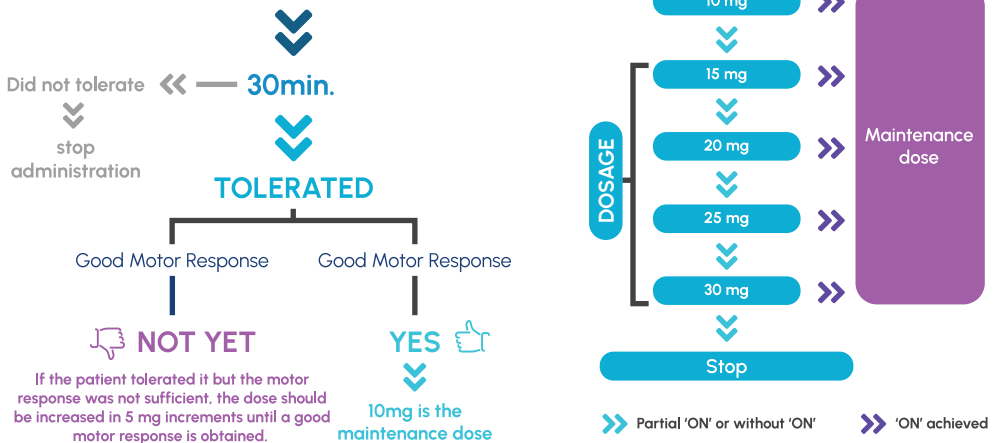
Once the film has completely dissolved, you can swallow.

HOW TO DETERMINE THE APPROPRIATE DOSE

After the titration process, the patient's healthcare professional decides the dose of sublingual apomorphine to prescribe and advises the patient on how often it should be used. Not all sublingual films available in the titration kit may be needed. (e.g. if the optimal dose is 20 mg, the 25 mg or 30 mg films will not be needed)

TITRATION SCHEME¹

INITIATE APOMORPHINE SUBLINGUAL 10MG
WHEN THE PATIENT IS 'OFF'



Only use 1 dose for each 'OFF' episode

Must wait at least 2 hours between each administration

The patient can't use more than 5 doses per day



MOST FREQUENT UNDESIRABLE EFFECTS

The very common undesirable adverse events, based on pooled data from phase 2 and 3 studies, include:¹



Nausea



Sleepiness

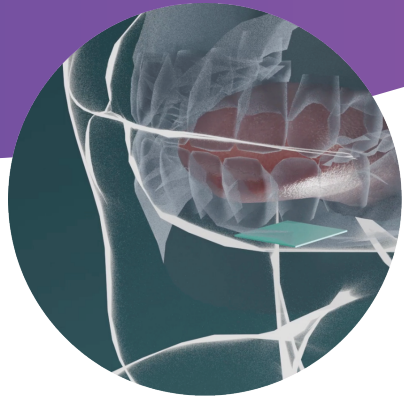


Yawning



Pain, redness or altered sensitivity in the mouth, lips and tongue.

Please consult the KYNMOBI® Summary of Product Characteristics for a full list of Undesirable Effects



KYNMOBI® safety profile focus on oropharyngeal adverse events

- In a post-hoc analysis of study CTH-301, during both the **dose-optimisation and long term safety phase**, 206 (41.5%) patients in the safety **population experienced oropharyngeal TEAEs**, and 81 (16.3%) discontinued due to oropharyngeal TEAEs⁹
- **Oropharyngeal TEAEs predominantly occurred within the first few months of KYNMOBI® initiation and resolved within a median of 12 days⁹**
- **Lower KYNMOBI® mean total daily dose was associated with lower reporting of oropharyngeal TEAEs (32.1 mg/day vs 38.3 mg/day; p=0.024)⁹**
- TEAEs leading to drug discontinuation during the treatment phase were lip swelling, mouth ulceration and stomatitis⁹
- **Overall**, oropharyngeal TEAEs were generally mild to moderate, and most either resolved spontaneously or after treatment discontinuation⁹

INITIATION DISCUSSION WHAT KYNMOBI IS FOR

- ✓ Provide resources and signpost patients to appropriate information (e.g. PD Patient Support Groups)
- ✓ Assess and confirm that the patient can identify 'OFF' episodes
- ✓ Discuss KYNMOBI® and manage expectations that response to KYNMOBI® varies by patient:



INDICATION

KYNMOBI® is indicated for the intermittent treatment of 'OFF' episodes in patients with PD which are not sufficiently controlled by oral anti-Parkinson medication¹



TIME TO EFFECT

Works rapidly: improvement of mean motor skills 15 minutes after intake³



EFFICACY

In a randomised, double-blind, placebo controlled, multicentre phase 3 trial, KYNMOBI® resulted in a significantly greater difference than placebo in change from predose to 30 min post-dose in MDS-UPDRS part 3 score at week 12 (primary endpoint) (difference of -7.6 (SE 1.96, 95% CI -11.5 to -3.7; p=0.0002)¹. The convenient sublingual administration of KYNMOBI® bypasses the gastrointestinal tract and first-pass metabolism²



SAFETY

Good safety profile and generally well tolerated with known AEs to be aware of^{1,3}



RELIABILITY

~80% of 'OFF' episodes treated with KYNMOBI® were converted to a full 'ON' response within 30 minutes⁴



PREFERENCE

Preferred to SC-APO injections by the majority of patients⁵

72% reported an overall preference for the SL-APO film compared with preference for SC-APO injection / no preference (nominal significance p=0.0002)

INITIATION AND TITRATION

- ✓ Discuss that dose initiation should occur in the controlled environment of a specialist clinic where the patient is supervised by a trained healthcare professional experienced in the treatment of PD (eg. neurologist).
- ✓ Advise the patient to consult their PD specialist team if they have any concerns during the titration process if done at home.
- ✓ Manage expectations on how long the titration process might take and discuss the timings for up-titrating, i.e. minimum of 2 hours in between each dose.
- ✓ Provide the patient, and carer if relevant, with resources on how to take KYNMOBI®.
- ✓ Oral health check.
- ✓ Advise that following initiation, the rest of the titration process can happen either in the clinic or at home depending on patient preference, using a treatment initiation pack with films of different strengths.
- ✓ Advise the patient to contact their PD specialist team if they have any concerns or experience any troublesome side effects.
- ✓ Once the initiation and titration process is complete, communicate the optimal dose identified for the patient and confirm that they know how to take KYNMOBI® at home.
- ✓ Explain to the patient why they need to be 'OFF' at the start of the titration process.

Acronyms:

PD: Parkinson's disease. AEs: adverse event. TEAE: Treatment-emergent adverse event. SE: Standard Error. MDS-UPDRS: Movement Disorder Society-sponsored Revision of the Unified Parkinson's Disease Rating Scale.

References:

1. KYNMOBI® (apomorphine hydrochloride) Summary of Product Characteristics. Bial Pharma UK Ltd. Available at: <https://www.medicines.org.uk/> (Accessed Nov 2025).
2. European Medicines Agency. List of nationally authorised medicinal products- psusa00000227202211_en.pdf (Accessed Nov 2025). 3. Olanow CW, Factor SA, Espay AJ, et al. Lancet Neurol. 2020;19:135-44. 4. Factor SA, Ondo SW, Isaacson S, et al. Poster 384 presented at MDS Virtual Congress.17-22 September 2021. 5. Schwarz J, Carrol C, Ebersbach G, et al. Poster 769 presented at MDS International Congress.15-18 September 2022. Madrid, Spain. 6. Thach A, Jones E, Pappert E, et al. BMC Neurol. 2021;21:46. 7. Thani BR, Lo TCN. Postgrad Med J. 2004;80:452-58. 8. Hauser RA, Olanow CW, Dzyngel B, et al. Mov Disord. 2016;31:1366-72. 9. Wojtecki L et al. European Journal of Neurology 2024;Vol31:S1 (ePresentation at the 10th Congress of the European Academy of Neurology, June 29 - July 2, Helsinki, Finland).

*Rapid: significant improvement of mean motor skills 15 minutes after intake;³ reliable: ~80% of 'OFF' episodes treated with KYNMOBI® were converted to a full 'ON' response within 30 minutes.⁴