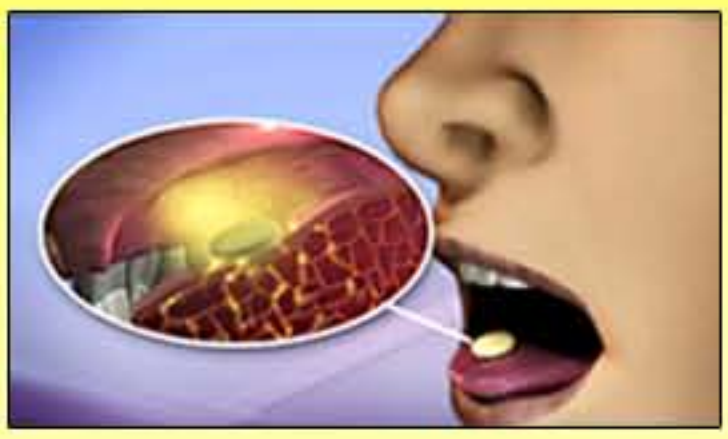
VALEANT

Orally Disintegrating Tablets | zelapar® (selegiline HCl)

Indicated for patients with Parkinson's disease and deteriorating response to levodopa/carbidopa

Important Information on Zelapar® (selegiline HCl) Orally Disintegrating Tablets

Dear Healthcare Professional:



Zelapar (HCl orally disintegrating tablets) was approved by the FDA in June 2006 for patients taking levodopa/carbidopa who experience a deteriorating response. In a multi-center, randomized, placebo-controlled trial, once-daily Zelapar reduced OFF time by 2.2 hours per day versus 0.6 hours per day for placebo (p<0.001).[1] To help you better serve your customers, this communication highlights important information about Zelapar and provides answers to some frequently asked questions.

Unique Delivery = Different Drug Product: Though the active ingredient in Zelapar is selegiline hydrochloride — the same as in Eldepryl® — Zelapar utilizes the Zydis® transmucosal delivery mechanism, effectively making Zelapar a different drug product versus conventional "swallowed" selegiline. Zelapar dissolves within seconds on the tongue, but it goes beyond other "fast melt" drug preparations which simply facilitate easy swallowing. In fact, Zelapar is primarily absorbed through the oral mucosa and directly into the systemic circulation, thereby enabling it to significantly bypass the gut and first-pass hepatic metabolism.

What Does This Mean? Because of its unique delivery, Zelapar has a number of important distinctions versus "swallowed" Eldepryl or selegiline. These key differences include the following:

- Unique Pharmacokinetic Profile: Because it is absorbed directly through the oral mucosa, Zelapar has a different pharmacokinetic profile than swallowed selegiline. Zelapar's peak plasma levels of active drug are more than two times as high and are less variable than swallowed selegiline. In addition, the time to peak plasma concentration (T_{max}) is approximately 4 times faster with Zelapar versus swallowed selegiline.

- Dosing: Unlike Eldepryl or swallowed selegiline, which have a recommended dose of 5 mg BID, Zelapar has a starting dose of 1.25 mg QD (for up to 6 weeks) followed by a maintenance dose of 2.5 mg QD (taken as two 1.25 mg orally disintegrating tablets).
- Not AB Rated: Zelapar received FDA approval based on its own pivotal study data. Because it is not AB-rated with selegiline, Zelapar is NOT substitutable with Eldepryl or selegiline.

Other Important Information: Below is a summary of other important information on Zelapar to assist you in responding to customer questions and in dispensing this medication.

- No Dietary Restrictions: Zelapar is selective for MAO-B inhibition and does not have dietary or tyramine restrictions within the recommended dosing range.
- Coadministration with Antidepressants: The "WARNINGS" section of the Zelapar package insert provides information regarding concomitant use of Zelapar and antidepressants (including tricyclics, SSRIs, and SNRIs). If you have additional questions about Zelapar and antidepressant use, please contact the Valeant Medical department at 949-461-6210.

Thank you for reviewing this important information on Zelapar. Please contact Valeant Customer Service at Valeant with any questions on Zelapar or other Valeant products at 800-548-5100.

Sincerely,

Janet MJ Hammond, MD, PhD, ScM
Chief Medical Officer and VP Global Medical Affairs
Valeant Pharmaceuticals International

Reference: 1. Waters CH, Sethi KD, Hauser RA, et al. Zydis selegiline reduces off time in Parkinson's disease patients with motor fluctuations: a 3-month, randomized, placebo-controlled study. *Mov Disord*. 2004;19:426-432.

Important Safety Information

Zelapar is contraindicated in patients with a known hypersensitivity to any formulation of selegiline or any of the inactive ingredients of **Zelapar**. **Zelapar** is also contraindicated for use with meperidine and should not be administered with the analgesic agents tramadol, methadone, and propoxyphene. **Zelapar** should not be used with the antitussive agent dextromethorphan and should not be administered along with other selegiline products. Daily doses of **Zelapar** should not exceed 2.5 mg/day because of the risks associated with nonselective inhibition of MAO. In general, the combination of **Zelapar** and tricyclic antidepressants, as well as **Zelapar** and serotonin reuptake inhibitors, should be avoided. In clinical trials, the incidence of adverse orthostatic hypotension was higher in geriatric patients than in nongeriatric patients. **Zelapar** may potentiate the dopaminergic side effects of levodopa and may cause or worsen preexisting dyskinesia. Decreasing the dose of levodopa may improve this side effect. **Zelapar** should be used during pregnancy only if the potential benefit to the mother justifies the potential risk to the fetus.

The most commonly observed adverse events reported during clinical trials were dizziness, nausea, pain, headache, insomnia, rhinitis, dyskinesia, back pain, skin disorders, stomatitis, and dyspepsia. In addition, 5.2% of patients discontinued **Zelapar** therapy due to adverse events (vs 1% with placebo).

Prescribing Information www.Zelapar.com

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