

## Talk to your healthcare professional about Metozolv ODT

We created a list of questions you can ask your healthcare professional to help both of you determine if a prescription for Metozolv ODT is right for you. Print out these questions and take them with you to your next appointment.

- Will metoclopramide, the medicine in Metozolv ODT, work for my symptoms?
- How is Metozolv ODT different from other metoclopramide treatments?
- What are the benefits of taking metoclopramide in an orally disintegrating tablet rather than a traditional tablet?
- Can I replace my current treatment with Metozolv ODT?
- How often should I take Metozolv ODT?

### Metozolv ODT may be appropriate for people who have diabetic gastroparesis or refractory GERD and

- Are interested in taking orally disintegrating tablets that rapidly\* melt on the tongue for treatment and symptom relief
- Have difficulty swallowing traditional tablets
- Are seeking an alternative to traditional metoclopramide tablets for relief of diabetic gastroparesis or refractory GERD
- Are seeking convenient treatment for diabetic gastroparesis or refractory GERD
- Have difficulty adhering to dosing schedules because they are constantly on the go
- Are unhappy with their current diabetic gastroparesis or refractory GERD treatment
- Frequently find themselves without access to liquids when they need to take metoclopramide

### Metozolv ODT may be right for you

If any of the above statements apply to you, talk to your healthcare professional about Metozolv ODT. The more your healthcare professional knows about you and the type of treatment you want, the more he or she can help make sure Metozolv ODT is the right choice for you.

\*Metozolv ODT disintegrates on the tongue in a median of 53.5 seconds (mean ± standard deviation, 76.8 ± 110.6 seconds).<sup>1</sup>

Reference: 1. METOZOLV ODT [package insert]. Morrisville, NC: Salix Pharmaceuticals, Inc; 2009.

### IMPORTANT SAFETY INFORMATION

**Treatment with metoclopramide can cause tardive dyskinesia, a serious movement disorder that is often irreversible. The risk of developing tardive dyskinesia increases with the duration of treatment and the total cumulative dose. Metoclopramide therapy should be discontinued in patients who develop signs or symptoms of tardive dyskinesia. There is no known treatment for tardive dyskinesia. In some patients, symptoms may lessen or resolve after metoclopramide treatment is stopped.**

**Treatment with metoclopramide for longer than 12 weeks should be avoided in all but rare cases where therapeutic benefit is thought to outweigh the risk of developing tardive dyskinesia.**

METOZOLV™ ODT (metoclopramide HCl) is indicated as short-term therapy for adults with symptomatic, documented gastroesophageal reflux disease (GERD) who fail to respond to conventional therapy and for the relief of symptoms associated with acute and recurrent diabetic gastroparesis (diabetic gastric stasis) in adults. Therapy should not exceed 12 weeks in duration. METOZOLV ODT is contraindicated in patients with intestinal obstruction, hemorrhage, or perforation; pheochromocytoma; known sensitivity or intolerance to metoclopramide; epilepsy; or are receiving concomitant medications with extrapyramidal reactions. METOZOLV ODT should be used with caution in patients showing acute dystonic reactions, drug-induced Parkinsonism, or other extrapyramidal symptoms; neuroleptic malignant syndrome; with a prior history of depression; hypertension; congestive heart failure and ventricular arrhythmia. Patients may experience withdrawal symptoms after stopping the use of METOZOLV ODT. In clinical studies, the most frequently reported adverse events (≥2% occurrence) were headache, nausea, fatigue, somnolence, and vomiting.

Please see full Prescribing Information for METOZOLV ODT, including **BOXED WARNING** at [www.MetozolvODT.com](http://www.MetozolvODT.com)