Subcutaneous Infusion System Information

Patient Name: _____

Date of Birth: _____

MRN: _____

Do I use a subcutaneous infusion system (Vyalev® or Onapgo®)? ☐ Yes ☐ No

Neurologist Name: _____

My Infusion System

This pump has already been programmed for my prescribed treatment. The pump and related supplies are provided to me through **AbbVie.**

I change the needle cannula every: ☐ 1 day ☐ 2 days ☐ 3 days

Medication vials: My medication vials **do not require refrigeration.**

If My Pump Is Unavailable or Not Working

If my pump is not functioning or is not available, I need to be converted to **carbidopa/levodopa tablets.**

Please consult the **hospital neurologist and pharmacist** to determine the appropriate medication conversion.

MRI

The pump must be removed before any MRI.

Time Off the Pump

I can remain off the pump for **up to one hour** before I need to replace the needle cannula.