

## PARKINSONISM TREATMENTS (Part 1 of 2)

Generic	Brand	Strength	Form	Adult Dose
<b>ADENOSINE RECEPTOR ANTAGONIST</b>				
istradefylline	<b>Nourianz</b>	20mg, 40mg	tabs	20mg once daily. May increase to max 40mg once daily, if needed and tolerated. <i>Concomitant strong CYP3A4 inhibitors:</i> max 20mg once daily. <i>Moderate hepatic impairment:</i> max 20mg once daily; monitor closely. <i>Smokers (≥20 cigarettes/day):</i> 40mg once daily.
<b>ANTICHOLINERGICS</b>				
benztropine	—	0.5mg, 1mg, 2mg	scored tabs	Initially 0.5–1mg at bedtime. May increase by 0.5mg at 5–6 day intervals; max 6mg daily.
	<b>Cogentin</b>	1mg/mL	amps	
trihexphenidyl	—	2mg, 5mg	scored tabs	Give in 3–4 divided doses. 1mg on Day 1, may increase by 2mg every 3–5 days; usual max 6–15mg/day. <i>Concomitant L-dopa:</i> 3–6mg/day and reduce L-dopa dose.
		2mg/5mL	susp	
<b>CATECHOL O-METHYL TRANSFERASE (COMT) INHIBITORS</b>				
entacapone	<b>Comtan</b>	200mg	tabs	200mg with each dose of L-dopa/carbidopa, up to 8 times daily
opicapone	<b>Ongentys</b>	25mg, 50mg	caps	Avoid food for 1hr before and ≥1hr after dose. 50mg once daily at bedtime. <i>Hepatic impairment (moderate):</i> 25mg once daily at bedtime; (severe): avoid.
tolcapone	<b>Tasmar</b>	100mg	tabs	100mg three times daily; may cautiously increase to 200mg three times daily
<b>CHOLINESTERASE INHIBITORS</b>				
rivastigmine	—	1.5mg, 3mg, 4.5mg, 6mg	caps	Initially 1.5mg twice daily (AM & PM); if tolerated, may increase by 1.5mg twice daily at intervals of at least 4 weeks. Usual range: 3–12mg/day; max 12mg/day.
	<b>Exelon</b>	4.6mg/24hrs, 9.5mg/24hrs, 13.3mg/24hrs	patches	
<b>DOPA-DECARBOXYLASE INHIBITOR</b>				
carbidopa	<b>Lodosyn</b>	25mg	tabs	<i>Concomitant Sinemet 10-100:</i> 25mg with first dose of Sinemet each day; additional 12.5mg or 25mg doses may be given with each dose of Sinemet. <i>Concomitant Sinemet 25-100 or 25-250:</i> 25mg with any dose of Sinemet as required for optimum therapeutic response. Max total carbidopa 200mg/day.
<b>DOPA-DECARBOXYLASE INHIBITOR + DOPAMINE PRECURSOR</b>				
carbidopa/levodopa*	<b>Dhivy</b>	25mg/100mg	functionally scored tabs	Initially one tab 3 times daily; may increase by up to one whole tab every day or every other day as needed; max 8 whole tabs daily.
	<b>Duopa</b>	4.63mg/20mg per mL	enteral susp	Day 1: calculate and administer initial daily (Morning Dose + Continuous Dose); titrate subsequent doses based on response. Max daily dose: 2000mg of levodopa (1 cassette) over 16hrs. See full labeling.
	<b>Rytary</b>	23.75mg/95mg, 36.25mg/145mg, 48.75mg/195mg, 61.25mg/245mg	ext-rel caps	<i>Levodopa-naïve:</i> Initially 23.75mg/95mg 3 times daily for the first 3 days; may increase to 36.25mg/145mg 3 times daily on the 4th day; up to max 97.5mg/390mg 3 times daily. May increase to max 5 times daily if more frequent dosing needed and tolerated. Max daily dose: 612.5mg/2450mg.
	—	10mg/100mg, 25mg/100mg, 25mg/250mg	ODT	Initially one 25mg/100mg tab 3 times daily, or one 10mg/100mg tab 3–4 times daily; increase every 1–2 days up to 2 tabs (of either 25/100 or 10/100) 4 times daily. <i>Patients taking L-dopa &gt; 1500mg/day:</i> Initially one 25mg/250mg tab 3–4 times daily; max carbidopa 200mg/day. <i>For ODT:</i> Discontinue levodopa at least 12hrs before.
	<b>Sinemet</b>	10mg/100mg, 25mg/100mg, 25mg/250mg	tabs	
carbidopa/levodopa ER	—	25mg/100mg, 50mg/200mg+	ext-rel tabs	<i>Not receiving L-dopa:</i> Initially one 50mg/200mg tab twice daily, at intervals of at least 6hrs. Allow 3 days between dosage adjustments. If given at intervals <4hrs and/or divided doses not equal: give smaller doses at end of day. May add immediate-release Sinemet 25-100 or 10-100 tabs in advanced disease.
<b>DOPAMINE AGONISTS</b>				
amantadine	—	100mg	tabs	<i>Monotherapy:</i> 100mg twice daily; may increase after 1–2wks by 100mg daily. <i>Serious associated illness or high doses of other antiparkinson drugs:</i> 100mg once daily, may increase after 1 to several weeks to 100mg twice daily; max 400mg/day in divided doses. <i>Renal dysfunction:</i> Reduce dose; see full labeling.
		50mg/5mL	susp	
	<b>Gocovri</b>	68.5mg, 137mg	ext-rel caps	<i>Adjunct to levodopa/carbidopa:</i> initially 137mg once daily at bedtime; increase to 274mg once daily at bedtime after 1 week. <i>Renal impairment (CrCl 30–59mL/min/1.73m<sup>2</sup>):</i> initially 68.5mg once daily; increase to max 137mg once daily after 1 week; (CrCl 15–29mL/min/1.73m <sup>2</sup> ): 68.5mg once daily.
<b>Osmolex ER</b>	129mg, 193mg, 258mg	ext-rel tabs	Initially 129mg once daily in the AM; may increase in weekly intervals to max 322mg once daily in the AM. <i>Renal impairment (CrCl 30–59mL/min):</i> initially 129mg once every 48hrs; increase every 3wks to max 322mg; (CrCl 15–29mL/min): initially 129mg once every 96hrs; increase every 4wks to max 322mg.	

(continued)

## PARKINSONISM TREATMENTS (Part 2 of 2)

Generic	Brand	Strength	Form	Adult Dose
<b>DOPAMINE AGONISTS</b> <i>(continued)</i>				
apomorphine	<b>Apokyn</b>	10mg/mL	cartridges	Supervise 1st dose (monitor BP); prescribe for outpatient use at a dose at least 0.1mL less than tolerated test dose; usual range 0.2mL to 0.6mL; max 0.6mL/episode and one dose/episode; usual max 5 doses/day (2mL/day). See full labeling.
bromocriptine	<b>Parlodel</b>	5mg	caps	Initially 1.25mg twice daily. May increase every 2–4wks by 2.5mg/day; max 100mg/day.
		2.5mg	scored tabs	
pramipexole*	<b>Mirapex</b>	0.125mg, 0.25mg+, 0.5mg+, 0.75mg, 1mg+, 1.5mg+	tabs	0.125mg three times daily. May increase gradually at intervals of 5–7 days up to max 1.5mg three times daily. <i>Renal impairment (CrCl 30–50mL/min):</i> 0.125mg twice daily; max 0.75mg three times daily. <i>CrCl 15–&lt;30mL/min:</i> 0.125mg once daily; max 1.5mg once daily. <i>CrCl &lt;15mL/min, hemodialysis: not recommended.</i>
	<b>Mirapex ER</b>	0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	ext-rel tabs	0.375mg once daily; may increase gradually at intervals of 5–7 days, first to 0.75mg/day, then by 0.75mg increments up to max 4.5mg/day. <i>Renal impairment (CrCl 30–50mL/min):</i> give every other day; reevaluate before increasing to daily dosing after 1 week and before titrating by 0.375mg increments up to 2.25mg/day. <i>CrCl &lt;30mL/min, hemodialysis: not recommended.</i>
ropinirole*	—	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg	tabs	0.25mg 3 times daily, then increase by 0.25mg 3 times daily at 1wk intervals to 1mg 3 times daily to 4th week. May increase by 1.5mg/day at 1wk intervals up to 9mg/day, then by up to 3mg/day at 1wk intervals to max 24mg/day. <i>ESRD on dialysis:</i> initially 0.25mg 3 times daily; max 18mg/day.
	—	2mg, 4mg, 6mg, 8mg, 12mg	ext-rel tabs	2mg once daily for 1–2wks, then increase by 2mg/day at ≥1wk intervals up to max 24mg/day (for advanced disease: usually up to max 8mg/day; early disease: usually up to max 12mg/day). <i>ESRD on dialysis:</i> initially 2mg once daily; max 18mg/day.
rotigotine	<b>Neupro</b>	1mg/24hrs, 2mg/24hrs, 3mg/24hrs, 4mg/24hrs, 6mg/24hrs, 8mg/24hrs	patches	<i>Early-stage:</i> Initially 2mg/24hrs patch once daily; may increase weekly by 2mg/24hrs if needed; max 6mg/24hrs once daily. <i>Advanced-stage:</i> Initially 4mg/24hrs patch once daily; may increase weekly by 2mg/24hrs if needed; max 8mg/24hrs once daily.
<b>DOPA-DECARBOXYLASE INHIBITOR + DOPAMINE PRECURSOR + COMT INHIBITORS</b>				
carbidopa/levodopa/entacapone	<b>Stalevo</b>	12.5mg/50mg/200mg, 18.75mg/75mg/200mg, 25mg/100mg/200mg, 31.25mg/125mg/200mg, 50mg/200mg/200mg, 37.5mg/150mg/200mg	tabs	Max 1 tab per dosing interval. <i>Previously on carbidopa/levodopa and entacapone:</i> Substitute on a mg/mg basis. Stalevo 50, 75, 100, 125, 150: max 8 tabs/day; Stalevo 200: max 6 tabs/day.
<b>DOPAMINE PRECURSOR</b>				
levodopa	<b>Inbrija</b>	42mg	caps	Inhale contents of 2 caps (84mg) as needed, up to 5 times daily. Max dose per OFF period: 84mg; max daily dose: 420mg.
<b>MONOAMINE OXIDASE-B INHIBITORS</b>				
rasagiline	<b>Azilect</b>	0.5mg, 1mg	tabs	<i>Monotherapy or adjunct w/o levodopa:</i> 1mg once daily. <i>Concomitant levodopa with/without other PD drugs (eg, dopamine agonist, amantadine, anticholinergics):</i> Initially 0.5mg once daily; may increase to 1mg once daily (consider reducing levodopa dose based on response). <i>Mild hepatic impairment (Child-Pugh score 5–6) or concomitant CYP1A2 inhibitors:</i> 0.5mg once daily.
safinamide	<b>Xadago</b>	50mg, 100mg	tabs	<i>Adjunct to levodopa/carbidopa:</i> Initially 50mg once daily; may increase to 100mg once daily after 2wks as tolerated. <i>Moderate hepatic impairment (Child-Pugh B):</i> max 50mg once daily.
selegiline	—	5mg	caps	5mg at breakfast and at lunch; max 10mg/day. After 2–3 days, L-dopa/carbidopa dosage may be reduced by 10–30%.
	<b>Zelapar</b>	1.25mg	ODT	1.25mg once in the AM for at least 6wks; if needed, may increase to max 2.5mg once daily if tolerated.

### NOTES

**Key:** susp = suspension; ODT = orally disintegrating tablets; sust-rel tabs = sustained release tablets; ext-rel tabs = extended release tablets; soln = solution; amps = ampules; + = scored tablets.

\*First line treatment for Parkinson's disease.

Not an inclusive list of medications and/or official indications. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling.