

# DRUGS FOR PARKINSONISM

Generic	Brand	Formulation/ strengths (mg)	Initial dose <sup>1</sup>
<b>ANTICHOLINERGICS</b>			
Benzotropine	<b>Cogentin</b>	Scored tabs: 0.5mg 1mg 2mg Amps: 1mg/mL	0.5mg once daily
Trihexyphenidyl	—	Scored tabs: 2mg 5mg Susp: 2mg/5mL	1mg once daily
<b>CATHECHOL O-METHYL TRANSFERASE INHIBITORS</b>			
Entacapone	<b>Comtan</b>	Tab: 200mg	200mg with each L-dopa dose
Tolcapone	<b>Tasmar</b>	Tabs: 100mg 200mg	100mg three times daily
<b>CHOLINESTERASE INHIBITORS</b>			
Rivastigmine	<b>Exelon</b>	Caps: 1.5mg, 3mg, 4.5mg, 6mg Soln: 2mg/mL Patches: 4.6mg/24hrs 9.5mg/24hrs	Caps or soln: initially 1.5mg twice daily; may increase by 1.5mg twice daily at intervals of at least 4 weeks as tolerated  Patch: initially apply one 4.6mg/24hrs patch once daily; if tolerated, may increase to 9.5mg/24hrs patch after 4 weeks
<b>DOPAMINE</b>			
Carbidopa/levodopa	<b>Parcopa</b>	ODT: 10mg/100mg 25mg/100mg 25mg/250mg	Discontinue L-dopa at least 12hrs before. Initial: Dissolve one 25/100 tab on tongue three times daily or one 10/100 tab 3–4 times daily (see literature)
Carbidopa/levodopa*	<b>Sinemet</b>	Tabs: 10mg/100mg 25mg/100mg 25mg/250mg	½ tab of 25mg/100mg once or twice daily, then increase by ½ to 1 tab every 1–2 weeks to achieve minimal target dose of 25mg/100mg three times daily
Carbidopa/levodopa CR*	<b>Sinemet CR</b>	Tabs: 25mg/100mg 50mg/200mg	1 tab once daily
<b>DOPAMINE AGONISTS</b>			
Apomorphine	<b>Apokyn</b>	Amps, Cartridges: 10mg/mL	See literature <sup>1</sup>
Bromocriptine	<b>Parlodel</b>	Cap: 5mg Scored tab: 2.5mg	1.25mg once or twice daily, then increase dose by 1.25mg every 2–5 days to 10–30mg daily
Pramipexole*	<b>Mirapex</b>	Scored tabs: 0.125mg 0.25mg 0.5mg 0.75mg 1mg 1.5mg	0.125mg three times daily Renal impairment: CrCl 35–59mL/min: Initial: 0.125mg twice daily; max 1.5mg twice daily CrCl 15–34mL/min: Initial: 0.125mg once daily; max 1.5mg once daily CrCl <15mL/min, hemodialysis: not recommended
Ropinirole*	<b>Requip</b>	Tabs: 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg	0.25mg 3 times daily, then increase by 0.25mg 3 times daily at 1 week intervals (see literature)
	<b>Requip XL</b>	Ext-rel tabs: 2mg, 4mg, 8mg	2mg once daily for 1–2 weeks, then increase by 2mg/day at ≥1 week intervals
<b>DOPAMINE + CATHECHOL O-METHYL TRANSFERASE INHIBITORS COMBINATION</b>			
Carbidopa/levodopa + entacapone	<b>Stalevo</b>	Tabs: 50mg, 100mg, 150mg, 200mg	See literature <sup>1</sup>
<b>DOPAMINE REUPTAKE INHIBITOR</b>			
Amantadine	<b>Symmetrel</b>	Tabs: 100mg Susp: 50mg/5mL	100mg once to twice daily Renal impairment: CrCl: 30–50mL/min: 200mg on day one, then 100mg/day CrCl 15–29mL/min: 200mg on day one, then 100mg on alternate days CrCl <15mL/min, hemodialysis: 200mg every 7 days
<b>MONOAMINE OXIDASE B INHIBITOR</b>			
Rasagiline	<b>Azilect</b>	Tabs: 0.5mg 1mg	Monotherapy: 1mg once daily Adjunctive therapy: 0.5mg once daily, then may increase to 1mg once daily
Selegiline	<b>Eldepryl</b>	Cap: 5mg	5mg with breakfast and 5mg with lunch
	<b>Zelapar</b>	ODT: 1.25mg	1.25mg once daily, may increase to max 2.5mg once daily if tolerated

\*First line treatment for Parkinson's disease.

<sup>1</sup>For additional dosing information, including titration and maximum recommended dose, see product labeling.

Cap = capsules; tabs = tablets; susp = suspension; ODT = orally disintegrating tablets; ext-rel tabs = extended release tablets; soln = solution; amps = ampules.

Adapted from Reuben DB, Herr KA, Pacala JT, et al. *Geriatrics At Your Fingertips*: 2005, 7th Edition. The American Geriatrics Society; 2005. (Rev. 9/2008)