

PARKINSONISM DRUG TREATMENT

Generic	Brand	Formulations/Strengths	Usual Adult Dose ¹
ANTICHOLINERGICS			
benztropine	Cogentin	Scored tabs: 0.5mg, 1mg, 2mg, Amps: 1mg/mL	Initially 0.5–1mg at bedtime. May increase by 0.5mg at 5–6 day intervals; max 6mg daily.
hyoscyamine sulfate	NuLev	Chewable melt tabs: 0.125mg	1–2 tabs every 4hrs or as needed; max 12 tabs/day.
trihexphenidyl	—	Scored tabs: 2mg, 5mg Susp: 2mg/5mL	Give in 3–4 divided doses, 1mg on day 1, may increase by 2mg every 3–5 days; usual max 6–15mg/day. Concomitant L-dopa: 3–6mg/day and reduce L-dopa dose.
CATECHOL O-METHYL TRANSFERASE INHIBITORS			
entacapone	Comtan	Tabs: 200mg	200mg with each dose of L-dopa/carbidopa, up to 8 times daily.
tolcapone	Tasmar	Tabs: 100mg	100mg three times daily; may cautiously increase to 200mg three times daily.
CHOLINESTERASE INHIBITORS			
rivastigmine	Exelon	Caps: 1.5mg, 3mg, 4.5mg, 6mg Solin: 2mg/mL Patches: 4.6mg/24hrs, 9.5mg/24hrs	Initially 1.5mg twice daily; if tolerated, may increase by 1.5mg twice daily at intervals of at least 4 weeks; max 12mg/day. Patch: Initially apply one 4.6mg/24hrs patch once daily; if tolerated, may increase to 9.5mg/24hrs patch after 4 weeks at previous dose.
DOPA-DECARBOXYLASE INHIBITOR			
carbidopa	Lodossyn	Tabs: 25mg	Concomitant Sinemet 10-100: 25mg with first dose of Sinemet each day; additional 12.5mg or 25mg doses may be given with each dose of Sinemet. Concomitant Sinemet 25-100 or 25-250: 25mg with any dose of Sinemet as required for optimum therapeutic response. Max total carbidopa 200mg/day. ¹
DOPA-DECARBOXYLASE INHIBITOR + DOPAMINE PRECURSOR			
carbidopa/levodopa*	Parcopa	ODT: 10mg/100mg, 25mg/100mg, 25mg/250mg	For Parcopa: Discontinue L-dopa at least 12hrs before. 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. Patients taking L-dopa>1500mg/day: initially one 25mg/250mg tab 3–4 times daily; max carbidopa 200mg/day.
	Sinemet	Tabs: 10mg/100mg, 25mg/100mg, 25mg/250mg	
carbidopa/levodopa CR*	Sinemet CR	Sust-rel tabs: 25mg/100mg, 50mg/200mg†	Not receiving L-dopa: 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.
DOPAMINE AGONISTS			
amantadine	—	Tabs: 100mg Susp: 50mg/5mL	Monotherapy: 100mg twice daily; may increase after 1–2 weeks by 100mg daily. Serious associated illness or high doses of other antiparkinson drugs: 100mg once daily, may increase after 1 to several weeks to 100mg twice daily; max 400mg/day in divided doses. Renal dysfunction: reduce dose; see literature.
apomorphine	Apokyn	Amps, Cartridges: 10mg/mL	See literature. ¹
bromocriptine	Parlodel	Caps: 5mg Scored tabs: 2.5mg	Initially 1.25mg twice daily. May increase every 2–4 weeks by 2.5mg/day; max 100mg/day.
pramipexole*	Mirapex	Tabs: 0.125mg, 0.25mg†, 0.5mg†, 0.75mg, 1mg†, 1.5mg†	0.125mg three times daily. May increase gradually at intervals of 5–7 days up to max 1.5mg three times daily. Renal impairment (CrCl 30–50mL/min): 0.125mg twice daily; max 0.75mg three times daily. CrCl 15–<30mL/min: 0.125mg once daily; max 1.5mg once daily. CrCl <15mL/min, hemodialysis: not recommended.
	Mirapex ER	Ext-rel tabs: 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	
ropinirole*	Requip	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 to 1mg 3 times daily to 4th week. May increase by 1.5mg/day at 1 week intervals up to 9mg/day, then by up to 3mg/day at 1 week intervals to max 24mg/day.
	Requip XL	Ext-rel tabs: 2mg, 4mg, 6mg, 8mg, 12mg	
rotigotine	Neupro	Patches: 1mg/24hours, 2mg/24hours, 3mg/24hours, 4mg/24hours, 6mg/24hours, 8mg/24hours	Early-stage: initially 2mg/24hrs patch once daily; may increase weekly by 2mg/24hrs if needed; max 6mg/24hrs once daily. Advanced-stage: initially 4mg/24hrs patch once daily; may increase weekly by 2mg/24hrs if needed; max 8mg/24hrs once daily.
DOPA-DECARBOXYLASE INHIBITOR + DOPAMINE PRECURSOR + CATECHOL O-METHYL TRANSFERASE INHIBITORS COMBINATION			
carbidopa/levodopa + entacapone	Stalevo	Tabs: 50mg, 75mg, 100mg, 125mg, 150mg, 200mg	See literature ¹
MONOAMINE OXIDASE-B INHIBITORS			
rasagiline	Azilect	Tabs: 0.5mg, 1mg	Monotherapy: 1mg once daily. Adjunctive therapy: initially 0.5mg once daily; may increase to 1mg once daily (reduce L-dopa dose if side effects increase). Mild hepatic impairment (Child-Pugh score 5–6) or concomitant CYP1A2 inhibitors: 0.5mg once daily.
selegiline	Eldepryl	Caps: 5mg	5mg at breakfast and at lunch; max 10mg/day. After 2–3 days, L-dopa/carbidopa dosage may be reduced by 10–30%.
	Zelapar	ODT: 1.25mg	

NOTES

*First line treatment for Parkinson's disease.

¹For additional dosing information, including titrations and recommendations, see product labeling.

Caps = capsules; tabs = tablets; susp = suspension; ODT = orally disintegrating tablets; sust-rel tabs = sustained release tablets; ext-rel tabs = extended release tablets; soln = solution; amps = ampoules; † = scored tablets.

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

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