

**Parkinsonian Agents—Monoamine Oxidase Inhibitors (MAOIs)**

**RASAGILINE (Azilect)** Parkinson's disease, monotherapy or as adjunct but not taking levodopa: 1 mg PO every am. Parkinson's disease, adjunctive with levodopa: 0.5 mg PO every am. Max 1 mg/day. Requires an MAOI diet that avoids foods very high in tyramine content. [Generic/Trade: tabs 0.5, 1 mg.] ▶L ♀C D? \$\$\$\$\$

**SAFINAMIDE (Xadago)** Start 50 mg PO once daily. May increase after two weeks to 100 mg once daily. Max 100 mg/day. [Trade only: tabs 50, 100 mg.] ▶L ♀C D? Associated with skin discoloration and hyperbilirubinemia in animals similar to exposure to sulfonamides.

**SELEGILINE (Eldepryl, Zelapar)** Parkinson's disease (adjunct to levodopa): 5 mg PO every breakfast and at lunch, max 10 mg/day. Zelapar ODT: start 1.25 mg SL once daily. May increase after 6 weeks to 2.5 mg/day. Take in the AM before breakfast without liquid. [Generic/Trade: caps 5 mg. Tabs 5 mg. Trade only: Orally disintegrating tabs (Zelapar ODT) 1.25 mg.] ▶LK ♀C D? \$\$\$\$

**Other Agents**

**ABOBOTULINUM TOXIN A (Dysport)** Cervical dystonia: 500 units IM total dose divided among affected muscles. May repeat every 12 weeks or longer. Max dose 1000 units per treatment. Glabellar lines (age younger than 65 yo): 50 units IM total dose divided into 10-unit injections at 5 sites (see prescribing information). May repeat every 12 weeks or longer. Upper limb spasticity: 500 to 1000 units injected and divided among selected muscle groups (see prescribing information). May repeat no sooner than 12 weeks. Lower limb spasticity: 1000 to 1500 units injected and divided among selected muscles (see prescribing information). May repeat no sooner than 12 weeks. [Trade: vials 300, 500 units for reconstitution.] ▶♀-?/?/? Limited data in humans. Embryo-fetal toxicity seen in animals. D? \$\$\$\$\$

**BOTULINUM TOXIN TYPE B (Myobloc)** Start 2500 to 5000 units IM in affected muscles. Use lower initial dose if no prior history of botulinum toxin therapy. Benefits usually last for 12 to 16 weeks when a total dose of 5000 to 10,000 units has been administered. Titrate to effective dose. Give treatments at least 3 months apart to decrease the risk of producing neutralizing antibodies. [Trade only: vials 5000 units] ▶Not significantly absorbed ♀C D? \$\$\$\$\$

**CERLIPONASE ALPHA (Brineura)** Age 3 yrs and above: 300 mg via intraventricular infusion every other week. Follow infusion of drug with intraventricular electrolytes at 2.5 mL/h. Total infusion time for drug and electrolytes is approximately 4.5 h. Pretreat with antihistamines with or without antipyretics or corticosteroids 30 to 60 min prior to start of infusion. [Trade only: inj 150 mg/5 mL.] ▶♀?/?/??. No animal or human data. D?

**DEFLAZACORT (Emflaza)** 0.9 mg/kg/day PO once daily. Round up to nearest possible tablet(s) or if using suspension to nearest 0.1 mL. Reduce dose to one-third of recommended in presence of moderate to strong CP3A4 inhibitors. Taper when discontinuing. [Trade only: tabs 6, 18, 30, 36 mg. Susp 22.75 mg/mL.]

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