

Doparkin

Levodopa & Carbidopa Tablet

Composition

Doparkin 110 Tablet: Each tablet contains Levodopa USP 100 mg and Carbidopa 10 mg (as Carbidopa Monohydrate USP)

Doparkin 275 Tablet: Each tablet contains Levodopa USP 250 mg and Carbidopa 25 mg (as Carbidopa Monohydrate USP)

Pharmacology

Current evidence indicates that symptoms of Parkinson's disease are related to depletion of dopamine in the corpus striatum. Levodopa, the metabolic precursor of dopamine, does cross the blood-brain barrier, and presumably is converted to dopamine in the brain. Carbidopa inhibits decarboxylation of peripheral levodopa. Since its decarboxylase inhibiting activity is limited to extracerebral tissues, administration of carbidopa with levodopa makes more levodopa available for transport to the brain.

Indications

Doparkin is indicated in the treatment of Parkinson's disease, post-encephalitic Parkinsonism, and symptomatic Parkinsonism.

Dosage & Administration

Usual Initial Dosage: The optimum daily dosage of Doparkin must be determined by careful titration in each patient. If Doparkin 110 is used, dosage may be initiated with one tablet three or four times a day. Dosage may be increased by one tablet every day or every other day until a total of eight tablets (2 tablets q.i.d.) is reached. Maintenance dose: Therapy should be individualized & adjusted according to the desired therapeutic response. When more levodopa is required, Doparkin 275 should be substituted for Doparkin 110. If necessary, the dosage of Doparkin 275 may be increased by one-half or one tablet every day or every other day to a maximum of eight tablets a day.

Side Effects

The most common adverse reactions reported with Levodopa and Carbidopa have included dyskinesias, such as choreiform, dystonic, and other involuntary movements, and nausea.

Precautions

Levodopa alone, as well as combination, is associated with dyskinesias. The occurrence of dyskinesias may require dosage reduction. It should be administered cautiously to patients with severe cardiovascular or pulmonary disease, bronchial asthma, renal, hepatic or endocrine disease.

Contraindication

Nonselective monoamine oxidase (MAO) inhibitors are contraindicated for use with Levodopa and Carbidopa. These inhibitors must be discontinued at least two weeks prior to initiating therapy with Levodopa and Carbidopa. Levodopa and Carbidopa is contraindicated in patients with known hypersensitivity to any component of this drug, and in patients with narrow-angle glaucoma.

Use in Pregnancy & Lactation

Pregnancy Category: C.

Nursing mother: Caution should be exercised when administered to a nursing woman.

Pediatric Use: Use of the drug in patients below the age of 18 is not recommended.

Drug Interactions

Antihypertensive Drugs, Psychoactive Drugs: Dopamine D2 receptor antagonists, Dopamine Depleting Agents: dopamine-depleting agents (reserpine and tetrabenazine) or other drugs known to deplete monoamine stores is not recommended.

Overdose

Management of acute overdosage with Levodopa and Carbidopa is basically the same as management of acute overdosage with Levodopa alone. However, pyridoxine is not effective in reversing the actions of Levodopa and Carbidopa combination.

Storage

Store below 30° C and dry place, away from light. Keep out of the reach of children.

Packing

Doparkin 110 Tablet: Each box contains 3 blister packs with each blister of 10 tablets.

Doparkin 275 Tablet: Each box contains 3 blister packs with each blister of 10 tablets.

Manufactured by:

 **GENERAL**
Pharmaceuticals Ltd.

Mouchak, Kaliakair, Gazipur, Bangladesh

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