

Medications Approved for the Treatment of Parkinson's Disease in the USA

Medications used to treat the motor symptoms of Parkinson's disease as of October 2019

Mechanism of action	Generic name	Trade name®	Potential side effects*
DOPA Decarboxylase inhibitor/DA precursor	Carbidopa/Levodopa	Sinemet	Nausea, dizziness, orthostatic hypotension, anxiety, dyskinesia, confusion, hallucinations, somnolence, peripheral neuropathy (acute and subacute forms more common with Duopa)
	Carbidopa/Levodopa ER (extended release)		
	Carbidopa/Levodopa (orally disintegrating)	Parcopa	
	Carbidopa/Levodopa (extended release capsules)	Rytary	
	Carbidopa/Levodopa (enteral suspension)	Duopa	
	Levodopa inhalation powder	Inbrija	
COMT inhibitor, inhibits breakdown of levodopa	Entacapone	Comtan	Same as carbidopa/levodopa. In addition: diarrhea, discoloration of body fluids. Tasmar can cause liver failure and requires monitoring of liver function
	Tolcapone	Tasmar	
DOPA decarboxylase inhibitor/DA precursor/COMT Inhibitor	Carbidopa/Levodopa Entacapone	Stalevo	Same as carbidopa/levodopa and COMT inhibitor
DA agonist	Pramipexole	Mirapex	Nausea, dizziness, orthostatic hypotension, swelling of ankles, dyskinesia, hallucinations, confusion, somnolence, sleep attacks, impulse control disorders Neupro can lead to a skin reaction at the patch site
	Pramipexole (extended release)	Mirapex ER	
	Ropinirole	Requip	
	Ropinirole (extended release)	Requip XL	
	Apomorphine (injection)	Apokyn	
	Rotigotine (transdermal patch)	Neupro	

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Mechanism of action	Generic name	Trade name®	Potential side effects*
MAO-B inhibitor, inhibits breakdown of dopamine	Selegiline		Selegiline can cause insomnia
	Selegiline (orally disintegrating)	Zelapar	Dizziness, nausea, gastrointestinal upset, dyskinesia, hallucinations, confusion, headache
	Rasagiline	Azilect	Note possible drug interactions between MAO-B inhibitors and other medications
	Safinamide	Xadago	Safinamide exerts its effects through other mechanisms of action as well
Adenosine 2A inhibitor	Istradefylline	Nourianz	Dyskinesias, dizziness, constipation, nausea, hallucinations and insomnia
Mixed mechanisms, including NMDA antagonism	Amantadine		Hallucinations, leg swelling, dizziness, mottled skin (livedo reticularis), confusion, dry mouth and eyes, constipation, dizziness, orthostatic hypotension, somnolence.
	Amantadine (extended release)	Gocovri	Dose needs to be adjusted for kidney dysfunction
	Amantadine (extended release)	Osmolex ER	
Anticholinergic	Trihexyphenidyl		Dry mouth and eyes, constipation, urinary retention, memory impairment, confusion, depression, hallucinations
	Benzotropine	Cogentin	

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Medications used to treat the non-motor symptoms of Parkinson's disease as of October 2019**

Symptom treated	Mechanism of action	Generic name	Trade name®	Potential side effects*
Parkinson's disease psychosis	Inverse serotonin agonist	Pimavanserin	Nuplazid	Swelling of legs or arms, nausea, confusion, constipation QT interval prolongation (abnormal heart rhythm), increased risk of death in elderly patients with dementia-related psychosis
Neurogenic orthostatic hypotension	Norepinephrine precursor	Droxidopa	Northera	Headache, dizziness, nausea, high blood pressure (especially when lying down)
Parkinson's disease dementia	Acetylcholinesterase inhibitor	Rivastigmine	Exelon	Stomach upset, nausea, loss of appetite

COMT = catechol-o-methyltransferase

DA = dopamine

DOPA = dopamine

MAO-B = monoamine oxidase B

NMDA = n-methyl-d-aspartate

* Additional side effects may occur. Please discuss with your health care provider.

** The medications listed carry a specific indication for use in Parkinson's disease. Many other medications are used off-label for treatment of non-motor symptoms of Parkinson's disease.

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This material is intended to provide you with information. It should not be used for treatment purposes, but rather as a source for discussion with your own physician. Work with your physician to determine which medications are best for you, and know the risks and benefits of each.

AMERICAN PARKINSON DISEASE ASSOCIATION

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© Revised and Updated by Rebecca Gilbert, MD, PhD, APDA Vice President, Chief Scientific Officer – October 2019