

Coastal Neurological Medical Group, Inc.

Dee E. Silver, M.D.

We're here to help!

Movement Disorders
Neurodegenerative Diseases
Stroke
Botulinum Toxin Injection
Migraine Headaches

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Neurological Rehabilitation
DBS Programming
Electromyography
Electroencephalography
Electronystagmography

Rytary for conversion from immediate release carbidopa-levodopa and other L-dopa medication (SCR and Stalevo).

Rytary is carbidopa/L-dopa extended-release and reduces off-time in patients when switched to Rytary from L-dopa IR. This switch will be a switch which will be an exchange for all L-dopa medications (Stalevo, Sinemet CR and L-dopa IR).

The doses are capsules of 45 mg, 95 mg, 145 mg and 195 mg. The capsule can be opened and the beads can be sprinkled on to food.

Instructions to patient switching to Rytary are:

1. Keep all other Parkinson's drugs the same, but stop Stalevo, immediate release L-dopa, Sinemet and Sinemet CR and Parcopa. Also stop entacapone.
2. Change only one drug at a time.
3. Do not throw away any Parkinson's medicines, keep them all.
4. The switch from the L-dopa preparations to Rytary will be a "over the night switch."
5. It will take two to three weeks to establish a stable clinical state or clinical picture after the switch.
6. If samples are given, keep the sample doses and take them as written on the instruction sheet.
7. Later, the dose will be changed to individualize the care and treatment of the patients. If there is end dose failure or wearing off, we may need to give the drug more frequently (a more frequent dosing schedule). If there is dyskinesias and no off time, we may reduce the number of capsules with each dose or lower the dose of each capsule (i.e. 195mg to 145mg capsule).
8. The drug will be taken either three or four times a day usually giving several pills each time.
9. Do not stop Rytary suddenly.
10. Rytary has a constant plasma level of four to five hours in most cases.
11. Take Rytary one hour before meals.
12. Most patients will probably require to take the drug three and more likely four times a day taking multiple capsules each time.
13. Maximum daily doses of L-dopa milligrams in the Rytary per day will be 2,450.
14. If insurance company does not pay for Rytary and you do not want to or cannot afford the cost, switch back to your prior L-dopa medication dose as before. It may take some time before your insurance company may pay for your medicine or we may have to get an authorization.
15. If you are having off time of a half hour before each of your Rytary doses, then increase the frequency of your dosing from three to four or if on four doses to five.
16. Changes in future dosing will be based upon (1) hours of off time (reducing dyskinesias), (2) when and how severe dyskinesias are present if at all, and (3) if nocturnal improvement is needed.

Keep the flow sheet forever and make changes on the sheet as directed by the doctor.

For more information on Rytary, google Rytary and look for information and savings coupons. Also, watch Dr. Silver's YouTube video's: www.tinyurl.com/doctorsilver

Do NOT start Rytary on Thursday or Friday or when you are leaving town for an extended period of time (more than a day).

Schedule dosing will be:

1. Date.
2. Prior L-dopa dose.
3. New Rytary total dose.
4. Dosage of capsules and how many capsules in each dose should be taken.

Patient Rytary Conversion / Dosing Sheet

Patient Name _____

Date	Prior Carbidopa/Levodopa Dose	Current Total Rytary Dose	Changes to Rytary Dosing schedule	Physician's Signature