Special Consideration Regarding Rytary® and Crexont®

Patient Name: _____

Date of Birth: _____

MRN: _____

For my Parkinson's disease, I take **Rytary®** or **Crexont®**, which are specialized extended-release formulations of carbidopa/levodopa.

The pharmacokinetics of Rytary® are different from immediate-release carbidopa/levodopa (Sinemet®) in that Rytary® requires roughly **2–3 times the levodopa dose in Sinemet®** to achieve an equivalent peak plasma dopamine level. As such, a dose conversion must be applied if a temporary switch is made from Rytary® to Sinemet®. This requires different dosing and more frequent administration.

Rytary® or Crexont® capsules should be swallowed whole to preserve their extended/timed-release properties.

My Current Regimen: _____

_____

_____

_____

If Rytary® or Crexont® is not on the hospital formulary, if possible, allow the patient's care partner(s) to bring in their home supply to be administered according to the normal outpatient regimen.

If the administration of Rytary® or Crexont® is not possible (i.e., temporarily unavailable or the patient is only receiving enteral intake via NG tube), please substitute the following temporary regimen of immediate-release carbidopa/levodopa (aka Sinemet® or Parcopa®): _____

_____

_____

_____

_____

(Completed by the patient's outpatient Parkinson's Disease Neurologist)

Neurologist Name: _____

Neurologist Phone: _____