The movement disorder experts from the 6 PADRECCs developed the following algorithm to be used as a general guideline, and is not intended to interfere with clinical judgment or replace existing practice parameters.

* Assess for history of Impulse Control Disorders (e.g. pathological gambling, eating, spending, sexual, etc) and consider using other agents if a symptomatology exists or continues to exist; monitor for IDP symptoms periodically during dopamine agonist therapy.

Please contact one of the six Parkinson's Disease Research, Education and Clinical Centers (PADRECCs) for additional information or to arrange a consult appointment.

**PADRECC Contacts:**
- Philadelphia PADRECC: 215-823-5914 or 888-695-2323
- Houston PADRECC: 713-794-7811
- Portland / Seattle PADRECC: 833-721-1091 or 800-277-3560
- University of Washington / UCI: 800-675-5911 or 800-781-3411
- San Francisco PADRECC: 415-379-5530
- West Los Angeles PADRECC: 818-446-8714 (4800)

www.va.gov/padrecc

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Pavilions, Inc. had no input on content development.

Updated January 2016
<table>
<thead>
<tr>
<th>Medication Name (generic name)</th>
<th>Start Dose</th>
<th>Typical Daily Dose</th>
<th>Common SEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinemet (carbidopa/levodopa)</td>
<td>25/100 1/2 tab TID</td>
<td>25/100 1 tab TID</td>
<td>1: Nausea, orthostatic hypotension, dyskinesias, hallucinations</td>
</tr>
<tr>
<td>Sinemet CR (carbidopa/levodopa controlled release)</td>
<td>25/100 1 tab TID</td>
<td>25/100 or 50/200 1-2 tabs TID</td>
<td>1: urinary discoloration, diarrhea</td>
</tr>
<tr>
<td>Parcopa</td>
<td>25/100 1/2 tab TID</td>
<td>25/100 1 tab TID</td>
<td>1: impulse control disorder (ICD), edema, sedation</td>
</tr>
<tr>
<td>Contan (entacapone)</td>
<td>1 (200 mg) tab per Sinemet dose</td>
<td>1 (200 mg) tab per Sinemet dose</td>
<td>1: urinary discoloration, diarrhea</td>
</tr>
<tr>
<td>Stalevo (carbidopa/levodopa/ entacapone)</td>
<td>12.5/50/200 mg TID or 25/100/200 mg TID</td>
<td>25/100/200 mg TID</td>
<td>1: impulse control disorder (ICD), edema, sedation</td>
</tr>
<tr>
<td>Requip (ropinirole HCL)</td>
<td>0.25 mg TID</td>
<td>2.0-5.0 mg TID</td>
<td>1: impulse control disorder (ICD), edema, sedation</td>
</tr>
<tr>
<td>Requip XL (ropinirole extended release)</td>
<td>2 mg daily</td>
<td>12-24 mg daily</td>
<td>1: impulse control disorder (ICD), edema, sedation</td>
</tr>
<tr>
<td>Mirapex (pramipexole)</td>
<td>0.125 mg HD</td>
<td>0.5-1.5 mg TID</td>
<td>1: 2, psychosis, insomnia*</td>
</tr>
<tr>
<td>Azilect (rasagiline)</td>
<td>0.5 mg daily</td>
<td>1 mg daily</td>
<td>1: 2, psychosis, insomnia*</td>
</tr>
<tr>
<td>Elderyl (selegiline)</td>
<td>1 tab daily</td>
<td>1 tab daily TID (*last dose at noon)</td>
<td>1: 2, psychosis, insomnia*</td>
</tr>
<tr>
<td>Symmetrel (amantadine)</td>
<td>100 mg daily</td>
<td>100 mg TID</td>
<td>pedal edema, psychosis, levodopa reticularis</td>
</tr>
<tr>
<td>Artane (trihexyphenidyl HCL)</td>
<td>1 mg BID</td>
<td>1 mg BID 2 mg TID</td>
<td>Psychosis, cognitive decline, constipation, urinary retention, dry mouth blurred vision</td>
</tr>
<tr>
<td>Cogentin (benz/tropine mesylate)</td>
<td>0.5 mg BID</td>
<td>1-2 mg BID</td>
<td>Psychosis, cognitive decline, constipation, urinary retention, dry mouth blurred vision</td>
</tr>
</tbody>
</table>

**Side Effect Key**

1: Nausea, orthostatic hypotension, dyskinesias, hallucinations

2: Potential drug interactions with SSRIs (selective serotonin reuptake inhibitors)

RP: Impulse Control Disorder (pathological/impulsive behaviors: gambling, spending, eating, sexual)
WEST LA NEURO MOVEMENT DISORDERS CLINIC INSTRUCTIONS

NOTES

- Be sure you are in the correct clinic location: 1267 WLA-Neuro Movement Disorders
- Use Note title “Neurology Clinic Followup Note” for return patients, and “Neurology Clinic New Consult” for new patients – be sure to link to consult (let attending know if you cannot link to consult)
- Be sure to Identify the attending as an Additional Signer for your note

Be sure to place RTC ORDER in CPRS before patient leaves room

- Orders → WLA Outpt Clinics Order Menu → Neurology Clinic → Return to Clinic → WLA-NEURO MOVEMENT DISORDER
- If patients are also seen by NeuroPsych, then a separate RTC order is required for that clinic WLA-NEUROPSYCHIATRY 1
- Usual f/u for our patients is every 3-4 months, if need to be seen sooner ask attending, and check “Overbook” box

NEUROPHARMACOLOGY

- Review Short Note (assess medication compliance) and Long Note (if applicable, review medication history, side effects, motor and non-motor symptom checklist)
- Put in medication orders before patient leaves room so they can be processed on the spot in clinic
- Patient should be instructed to stop by the NeuroPharm room on their way out of clinic

For other ORDERS (labs, imaging, etc), please order them UNDER THE ATTENDING’S NAME so that we get notified of the results

- Click on the location box next to patient’s name (should say “1267 Feb 21,17 13:00”, for example)
- Choose the attending’s name from the drop down menu to change provider
- When you go to sign the orders, it will say you cannot sign. Choose “Save without Signature”

Patient Instructions

- Please use instruction sheet provided by Patricia
- PADRECC Voicemail: 310-478-3711 x48001, for patients to call with any questions

Don’t forget to completely fill out ENCOUNTER information for each visit

- New patient consultation – 60 minutes - 99245 (complex)
- Established patients – 30 minutes – 99214 (detailed) or 99215 (complex, if 2+ diagnoses)
- If applicable, add 96116 for MMSE or MOCA
- If applicable, check Service Connection box and/or Agent Orange Exposure box
- Add attending as the Primary Provider for the encounter
- Choose one primary diagnosis (PD, ET, etc). Many patients have secondary diagnoses that we address as well (REM sleep behavior disorder, depression, anxiety, dementia/MCI, etc)
- Patient Ed Tab – all patients should receive “Disease Specific Information”.  

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WEST LA NEURO MOVEMENT DISORDERS CLINIC INSTRUCTIONS

- Other common Education Topics include “VA-Medications”, “Exercise/Fitness”, “VA-Safety/Home/Falls”, “Complementary Therapies” (for mindfulness, meditation, acupuncture, etc)
- Exams Tab – Select “Neurological exam”. Add “General Exam” for all new patients.
- Special circumstances for Fellows:
  - For NEW DBS evals Encounter: add code 99358 (1hr of indirect services/chart review) and 99401 (15 mins counseling)
  - DBS Programming – Procedures Tab: select “Neurostimulators”, then “Analyze Neurostim,Complex, up to 1hr” 95978 or “Analyze Neurostim, Simple” 95971; or click on “Other Procedure” and type in 95970 if you interrogate the stimulator without reprogramming it. For initial programming, type in 95979 (additional 30 mins) in addition to selecting 95978
  - DBS intraoperative testing – Procedures Tab: 95961 (1st hour). Add 95962 (additional hour for bilateral)
  - Botulinum toxin – Procedures Tab: select “Neurology/Seizure”, then the appropriate Chemodenervation procedure. Add 50 modifier for bilateral procedure (Blepharospasm, Cervical dystonia). For EMG guidance, add 95874 under “Muscle testing/EMG”.
- Secure Message Workload Credit
  1. After replying to the message, select 'save as a CPRS note' and 'change status to complete'.
  2. Select the entire conversation string so that it will all be in the CPRS note.
  3. Go to CPRS and open the secure messaging note.
  4. Edit the encounter: 99444 Online E&M provided by MD, etc.

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