

# ALZHEIMER'S DEMENTIA TREATMENT

Generic	Brand	Strength	Form	Dose
<b>CHOLINESTERASE INHIBITORS</b>				
donepezil	<b>Aricept</b>	5mg, 10mg, 23mg	tabs	<i>Mild-moderate:</i> Initially 5mg daily at bedtime, may increase to max 10mg daily after 4–6wks; usual dose: 5mg or 10mg once daily. <i>Moderate-severe:</i> Initially 5mg daily at bedtime, may increase to 10mg daily after 4–6wks; may further increase to max 23mg daily after 3mos; usual dose: 10mg or 23mg once daily.
	<b>Aricept ODT</b>	5mg, 10mg	ODT	
galantamine	—	4mg/mL	soln	<i>Mild-moderate:</i> Give with AM & PM meals. Initially 4mg twice daily; if well-tolerated, increase to maintenance dose 8mg twice daily (16mg/day) after minimum of 4wks; may attempt further increase to 12mg twice daily (24mg/day) after minimum of 4wks. Re-titrate if interrupted for >3 days. Moderate hepatic or renal impairment (CrCl 9–59mL/min): usual max 16mg/day.
	<b>Razadyne</b>	4mg, 8mg, 12mg	tabs	
	<b>Razadyne ER</b>	8mg, 16mg, 24mg	ext-rel caps	
rivastigmine	<b>Exelon</b>	1.5mg, 3mg, 4.5mg, 6mg	caps	<i>Mild-moderate:</i> Take with food in the AM and PM. Initially 1.5mg twice daily; if well-tolerated, may increase by 1.5mg twice daily at intervals of at least 2wks. Usual range: 6–12mg/day; max 12mg/day. If dose is not tolerated, suspend for several doses and restart at same or next lower dose. If stopped for >3 days, restart at 1.5mg twice daily and retitrate. Renal or mild-to-moderate hepatic impairment: use lower doses. Low body wt. (<50kg): monitor for toxicities and consider reducing dose.
		4.6mg/24hrs, 9.5mg/24hrs, 13.3mg/24hrs	patch	Initially apply one 4.6mg/24hrs patch once daily; if tolerated, may increase to 9.5mg/24hrs patch after 4wks at previous dose; can further be increased to max 13.3mg/24hrs dose. <i>Mild-moderate:</i> usually 9.5mg/24hrs or 13.3mg/24hrs once daily. <i>Severe:</i> usually 13.3mg/24hrs once daily. If dosing interrupted for >3 days, restart with 4.6mg/24hrs patch and titrate again. Mild-to-moderate hepatic impairment: initial and max dose 4.6mg/24hrs patch. Low body wt. (<50kg): monitor for toxicities and consider reducing maintenance dose to 4.6mg/24hr patch.
<b>N-METHYL-D-ASPARTATE RECEPTOR ANTAGONIST</b>				
memantine	—	2mg/mL	soln	<i>Moderate-severe:</i> Initially 5mg once daily; titrate at intervals of at least 1wk to 5mg twice daily, then to 5mg and 10mg as separate doses, then to 10mg twice daily (prescribe Titration Pak for 1st 4wks). Severe renal impairment (CrCl 5–29mL/min): titrate to max 5mg twice daily.
	<b>Namenda</b>	5mg, 10mg	tabs	
	<b>Namenda XR</b>	7mg, 14mg, 21mg, 28mg	ext-rel caps	
<b>NMDA RECEPTOR ANTAGONIST + ACETYLCHOLINESTERASE INHIBITOR</b>				
memantine extended-release/donepezil	<b>Namzaric</b>	7mg/10mg, 14mg/10mg, 21mg/10mg, 28mg/10mg	caps	<i>Moderate-to-severe:</i> Start the day after last dose of memantine and donepezil given separately. Patients stabilized on donepezil 10mg: initially 7mg/10mg once daily in the PM; increase at minimum weekly intervals in 7mg increments of memantine to max 28mg/10mg once daily; severe renal impairment (CrCl 5–29mL/min): initially 7mg/10mg once daily in the PM; increase to 14mg/10mg once daily after one week. Patients stabilized on both components: 28mg/10mg once daily in the PM; severe renal impairment (CrCl 5–29mL/min): 14mg/10mg once daily.

## NOTES

**Key:** ODT = orally-disintegrating tablets

Not an inclusive list of medications, indications, or doses. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling.