AMANTADINE SULPHATE:

Class: Anti-Parkinson's Agent, Dopamine Agonist, Antiviral Agent.

Indications: Influenza A treatment/prophylaxis

Drug-induced extrapyramidal symptoms

Parkinson's disease

Available dosage form in the hospital: 100MG TAB

Trade Names:

Dosage:

- **Influenza A treatment/prophylaxis:** Note: Due to issues of resistance, amantadine is no longer recommended for the treatment or prophylaxis of influenza A. Please refer to the current ACIP recommendations. The following is based on the manufacturer’s labeling:

  - *Influenza A treatment:* Oral: 200 mg once daily or 100 mg twice daily (may be preferred to reduce CNS effects); **Note:** Initiate within 24-48 hours after onset of symptoms; continue for 24-48 hours after symptom resolution (duration of therapy is generally 3-5 days).

  - *Influenza A prophylaxis:* Oral: 200 mg once daily or 100 mg twice daily (may be preferred to reduce CNS effects). **Note:** Continue prophylaxis throughout the peak influenza activity in the community or throughout the entire influenza season in patients who cannot be vaccinated. Development of immunity following vaccination takes ~2 weeks; amantadine therapy should be considered for high-risk patients from the time of vaccination until immunity has developed.

- **Drug-induced extrapyramidal symptoms:** Oral: 100 mg twice daily; may increase to 300 mg/day in divided doses, if needed

- **Parkinson's disease:** Oral: Usual dose: 100 mg twice daily as monotherapy; may increase to 400 mg/day in divided doses, if needed, with close monitoring. **Note:** Patients with a serious concomitant illness or those receiving high doses of other anti-parkinson drugs should be started at 100 mg/day; may increase to 100 mg twice daily, if needed, after one to several weeks.

**Renal Impairment:**

- $\text{Cl}_{\text{cr}} \geq 30-50 \text{ mL/minute}$: Administer 200 mg on day 1, then 100 mg/day
- $\text{Cl}_{\text{cr}} = 15-29 \text{ mL/minute}$: Administer 200 mg on day 1, then 100 mg on alternate days
- $\text{Cl}_{\text{cr}} < 15 \text{ mL/minute}$: Administer 200 mg every 7 days

**Hemodialysis:** Administer 200 mg every 7 days

**Peritoneal dialysis:** No supplemental dose is needed

**Continuous arteriovenous or venous-venous hemofiltration:** No supplemental dose is needed

**Hepatic Impairment:**

No dosage adjustment provided in manufacturer’s labeling; use with caution.

**Common side effect:**

1% to 10%:

Cardiovascular: Orthostatic hypotension, peripheral edema

Central nervous system: Agitation, anxiety, ataxia, confusion, delirium, depression, dizziness, dream abnormality, fatigue, hallucinations, headache, insomnia, irritability, lightheadedness, nervousness, somnolence

Dermatologic: Livedo reticularis

Gastrointestinal: Anorexia, constipation, diarrhea, nausea, xerostomia

Respiratory: Dry nose

**Pregnancy Risk Factor:** C