Composition
Perkirol ® 0.25 Tablet: Each film coated tablet contains Ropinirole 0.25 mg (As Ropinirole HCl INN).
Perkirol ® 2.00 Tablet: Each film coated tablet contains Ropinirole 2.00 mg (As Ropinirole HCl INN).

Pharmacology
Perkirol ® (Ropinirole) is a non-ergoline dopamine agonist with high relative in vitro specificity and full intrinsic activity at the D2 and D3 dopamine receptor subtypes, binding with higher affinity to D3 than to D2. Perkirol ® (Ropinirole) has moderate in vitro affinity for opioid receptors. Perkirol ® (Ropinirole) and its metabolites have negligible in vitro affinity for dopamine D1, 5-HT2, benzodiazepine, GABA, muscarinic, 5-HT1A receptorsceptors.

Parkinson's Disease: The precise mechanism of action of Perkirol ® (Ropinirole) as a treatment for Parkinson's disease is unknown, although it is believed to be due to stimulation of postsynaptic dopamine D2-type receptors within the caudate nucleus of the brain.

Restless Legs Syndrome (RLS): The precise mechanism of action of Perkirol ® (Ropinirole) as a treatment for Restless Legs Syndrome (also known as Ekbom Syndrome) is unknown. Although the pathophysiology of RLS is largely unknown, neuropharmacological evidence suggests primary dysfunction of the nigrostriatal dopamine system. Positron emission tomographic (PET) studies suggest that a mild striatal presynaptic nigrostriatal dopaminergic deficit accompanies the syndrome.
effects of nausea, dizziness, somnolence, and dyskinesia. The recommended starting dose for Parkinson's disease is 0.25 mg 3 times daily. Based on individual patient response, dosage should then be titrated with weekly increments as described in the following table. After week 4, if necessary, daily dosage may be increased by 1.5 mg/day on a weekly basis up to a dose of 9 mg/day, and then by up to 3 mg/day weekly to a total dose of 24 mg/day. Doses greater than 24 mg/day have not been tested in clinical trials.

**Ascending-Dose Schedule of Perkirol ® for Parkinson's Disease**

When Perkirol ® is administered as adjunct therapy to L-dopa, L-dopa may be decreased gradually as tolerated. During the advanced Parkinson's disease (with dopaminergic effects occurred).

Perkirol ® for Parkinson's disease patients should be discontinued gradually over a 7-day period. The frequency of administration should be reduced from 3 times daily to twice daily for 4 days. For the remaining 3 days, the frequency should be reduced to once daily prior to complete withdrawal of Perkirol.
In clinical trials of patients being treated for RLS, Perkirol® can be discontinued without a taper.

Contraindication and precaution
This is contraindicated for patients known to have hypersensitivity to Ropinirole. Due to the pharmacological action of Ropinirole, patients with severe cardiovascular disease should be treated with caution.

Co-administration of Ropinirole with anti-hypertensive and anti-arrhythmic agents has not been studied. As with other dopaminergic drugs, caution should be exerted when these compounds are given concomitantly with Ropinirole because of the unknown potential for the occurrence of hypotension, bradycardia or other arrhythmias.

Patients with major psychotic disorders should only be treated with...
Ropinirole is associated with somnolence and has been associated uncommonly with excessive daytime somnolence and sudden sleep onset episodes.

Drug Interaction

Neuroleptics and other centrally acting dopamine antagonists, such as sulpiride or metoclopramide, may diminish the effectiveness of Ropinirole and, therefore, concomitant use of these drugs with Ropinirole should be avoided.

No pharmacokinetic interaction has been seen between Ropinirole and Domperidone which would necessitate dosage adjustment. No interaction has been seen between Ropinirole and other drugs commonly used in Parkinson Disease but, as is common practice, care should be taken when adding a new drug to a treatment regimen. Other dopamine agonists may be used with caution.

It has been established from in vitro experiments that Ropinirole is metabolized by cytochrome P450 enzyme CYP1A2. There is, therefore, the potential for an interaction between Ropinirole and substrates (such as theophylline, ciprofloxacin, fluvoxamine and cimetidine) or inhibitors (such as cimetidine) of this enzyme. In patients already receiving Ropinirole, the dose of Ropinirole may need to be adjusted when these drugs are introduced or withdrawn.

Increased plasma concentrations of Ropinirole have been observed in patients treated with high doses of oestrogens. In patients already receiving hormone replacement therapy (HRT), Ropinirole treatment may be initiated in the normal manner. However, if HRT is