

# HIGH RISK DRUGS TO AVOID IN PATIENTS AGES 65 AND OLDER

## Quick Reference Guide

Indication	Drugs to Avoid <sup>1</sup>	Inclusion Rationale <sup>1</sup>	Alternative Treatment Option(s) <sup>2*</sup>
<b>Insomnia</b>	Eszopiclone (Lunesta) Zolpidem (Ambien) Zaleplon (Sonata)	Risk of falls, delirium, limited improvement in sleep latency and duration	Assess sleep hygiene, address modifiable factors <sup>3</sup> Melatonin <sup>4</sup>
<b>Cardiovascular</b>	Digoxin (Lanoxin, Digox)	Avoid as first-line therapy for atrial fibrillation or heart failure and dosages >0.125 mg/day	<b>Rate control</b> <sup>5</sup> <i>non-dihydropyridine CCB<sup>a</sup>, beta blockers</i>
	Disopyramide (Norpace)	Potent negative inotrope, may induce heart failure, highly anticholinergic	<b>Rhythm control</b> <sup>5</sup> dofetilide (Tikosyn), flecainide (Tambocor), propafenone (Rhythmol)
	Nifedipine, immediate release (Procardia)	Risk of hypotension, myocardial ischemia	<b>Heart failure</b> <sup>6</sup> <i>beta blocker, ACEI<sup>b</sup>, ARB<sup>c</sup>, diuretics</i> , spironolactone (Aldactone), hydralazine-isosorbide dinitrate (BiDil), low dose digoxin
	Nifedipine extended release (Procardia XL) <sup>7</sup>		
<b>Depression</b>	Amitriptyline (Elavil) Clomipramine (Anafranil) Desipramine (Norpramin) Doxepin >6mg/day (Silenor) Imipramine (Tofranil) Nortriptyline (Pamelor) Paroxetine (Paxil) Trimipramine (Surmontil)	High anticholinergic effects, sedating, orthostatic hypotension; safety profile of doxepin ≤6mg/day is comparable to placebo	<b>Depression</b> <sup>8</sup> sertraline (Zoloft), escitalopram (Lexapro), citalopram (Celexa), fluoxetine (Prozac), venlafaxine (Effexor), duloxetine (Cymbalta), bupropion (Wellbutrin) <b>Anxiety</b> <sup>9</sup> sertraline, escitalopram <sup>10</sup> , venlafaxine, duloxetine, buspirone (Buspar) <b>Neuropathic pain/ fibromyalgia</b> <sup>11</sup> gabapentin (Neurontin), duloxetine, venlafaxine, pregabalin (Lyrica) <b>Migraine prevention</b> <sup>12</sup> propranolol (Inderal), divalproex sodium (Depakote), topiramate (Topamax)
<b>Diabetes</b>	Glyburide (Diabeta, Glynase)	Increased risk of hypoglycemia	Glipizide (Glucotrol) <sup>13</sup>
<b>Musculo-skeletal Pain</b>	Carisoprodol (Soma) Chlorzoxazone (Lorzone) Cyclobenzaprine (Flexeril) Metaxalone (Skelaxin) Methocarbamol (Robaxin)	High anticholinergic effects, sedation, increased risk of fractures	Consider lifestyle modifications (physical therapy, stretching, heat) <sup>14</sup>

(Continue)

# HIGH RISK DRUGS TO AVOID IN PATIENTS AGES 65 AND OLDER QUICK REFERENCE GUIDE

(Continued)

Indication	Drugs to Avoid <sup>1</sup>	Inclusion Rationale <sup>1</sup>	Alternative Treatment Option(s) <sup>2*</sup>
<b>Nutrition</b>	Megestrol (Megace)	Minimal effect on weight gain, risk of thrombotic events	Treat reversible causes of weight loss (dysphagia, thrush, constipation, nausea, depression, medications), nutritional supplementation between meals  Mirtazapine (with depression) <sup>15</sup>
<b>Hormones</b>	Estrogens with or without progestin (Premarin, Cenestin, Enjuvia)	Carcinogenic potential, lack of cardioprotective effect and cognitive protection; acceptable to use low-dose intravaginal estrogen for dyspareunia, lower urinary tract infection	<b>Post-menopausal symptoms<sup>16</sup></b> symptom management treatment  <b>Prevention of postmenopausal osteoporosis<sup>17</sup></b> calcium & vitamin D, alendronate (Fosamax), risedronate (Actonel), ibandronate (Boniva)  <b>Dyspareunia &amp; vulvovaginitis<sup>16</sup></b> use of vaginal estrogen formulations acceptable  <b>Vasomotor symptoms<sup>16</sup></b> <i>SSRIs<sup>d</sup>, SNRI<sup>e</sup>, gabapentin</i>

The Centers for Medicare & Medicaid Services (CMS), in conjunction with the American Geriatrics Society (AGS) and Pharmacy Quality Alliance (PQA), has developed a list of medications to be avoided in the older adult population. These medications are considered to be associated with higher risks for increased hospitalizations and morbidity and mortality among people aged 65 and older. The list provided above is not all inclusive. For more information regarding high risk medications, please visit [cms.gov](http://cms.gov).

**\*The alternative treatment option(s) provided is not intended to substitute for the clinician's judgement.**

<sup>a</sup>Calcium Channel Blocker; <sup>b</sup> angiotensin-converting enzyme inhibitor; <sup>c</sup> angiotensin II receptor blockers; <sup>d</sup>selective serotonin reuptake inhibitor; <sup>e</sup>serotonin-norepinephrine reuptake inhibitor

## References

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