

HIGH RISK DRUGS TO AVOID IN PATIENTS AGES 65 AND OLDER

Quick Reference Guide

Indication	Drugs to Avoid ¹	Inclusion Rationale ¹	Alternative Treatment Option(s) ^{2*}
Insomnia	Eszopiclone (Lunesta) Zolpidem (Ambien) Zaleplon (Sonata)	Risk of falls, delirium, limited improvement in sleep latency and duration	Assess sleep hygiene, address modifiable factors ³ Melatonin ⁴
Cardiovascular	Digoxin (Lanoxin, Digox)	Avoid as first-line therapy for atrial fibrillation or heart failure and dosages >0.125 mg/day	Rate control⁵ <i>non-dihydropyridine CCB^a, beta blockers</i> Rhythm control⁵ dofetilide (Tikosyn), flecainide (Tambocor), propafenone (Rhythmol) Heart failure⁶ <i>beta blocker, ACEI^b, ARB^c, diuretics</i> , spironolactone (Aldactone), hydralazine-isosorbide dinitrate (BiDil), low dose digoxin
	Disopyramide (Norpace)	Potent negative inotrope, may induce heart failure, highly anticholinergic	
	Nifedipine, immediate release (Procardia)	Risk of hypotension, myocardial ischemia	Nifedipine extended release (Procardia XL) ⁷
Depression	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	Depression⁸ sertraline (Zoloft), escitalopram (Lexapro), citalopram (Celexa), fluoxetine (Prozac), venlafaxine (Effexor), duloxetine (Cymbalta), bupropion (Wellbutrin) Anxiety⁹ sertraline, escitalopram ¹⁰ , venlafaxine, duloxetine, buspirone (Buspar) Neuropathic pain/ fibromyalgia¹¹ gabapentin (Neurontin), duloxetine, venlafaxine, pregabalin (Lyrica) Migraine prevention¹² propranolol (Inderal), divalproex sodium (Depakote), topiramate (Topamax)
Diabetes	Glyburide (Diabeta, Glynase)	Increased risk of hypoglycemia	Glipizide (Glucotrol) ¹³
Musculo-skeletal Pain	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) ¹⁴

(Continue)

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

(Continued)

Indication	Drugs to Avoid ¹	Inclusion Rationale ¹	Alternative Treatment Option(s) ^{2*}
Nutrition	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) ¹⁵
Hormones	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	Post-menopausal symptoms¹⁶ symptom management treatment Prevention of postmenopausal osteoporosis¹⁷ calcium & vitamin D, alendronate (Fosamax), risedronate (Actonel), ibandronate (Boniva) Dyspareunia & vulvovaginitis¹⁶ use of vaginal estrogen formulations acceptable Vasomotor symptoms¹⁶ SSRIs ^d , SNRIs ^e , gabapentin

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](https://www.cms.gov).

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

^aCalcium Channel Blocker; ^b angiotensin-converting enzyme inhibitor; ^c angiotensin II receptor blockers; ^dselective serotonin reuptake inhibitor;

^eserotonin-norepinephrine reuptake inhibitor

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