

Therapeutic Class	High Risk Medication	Common Indications	Alternative Medication	Suggested Starting Sig
Antibiotics <i>Potentially less effective with compromised renal function. Increased risk of pulmonary toxicity or peripheral neuropathy</i>	Nitrofurantoin <i>Increase risk when used long-term (90 days/year). May be drug of choice due to allergies, drug interactions or resistance.</i>	Infection	Trimethoprim/sulfamethoxazole DS* Ciprofloxacin* Trimethoprim	1 BID x 3 days* 250 mg BID x 3 days* 100 mg BID x 3 days *Dose for renal function
Antiemetics <i>Strong anticholinergic and sedation properties</i>	Promethazine Trimethobenzamide	Nausea/Vomiting	Prochlorperazine Ondansetron	5 - 10 mg TID prn 4 - 8 mg q 12 prn
		Cough/Cold	Guaifenesin/Dextromethorphan	1 - 2 tsp Q4-6 hrs prn
Antihistamines <i>Strong anticholinergic and sedation properties</i>	Brompheniramine Carbinoxamine Chlorpheniramine Clemastine Cyproheptadine Dexbrompheniramine Diphenhydramine Dexchlorpheniramine Hydroxyzine Promethazine Triprolidine	Allergies	Fluticasone nasal spray Cetirizine Fexofenadine	2 sprays per nostril daily 5 mg QD 60 mg QD; <i>adjust for renal impairment</i>
		Itching/Rash	Cetirizine Loratadine Triamcinolone 0.025% cream	5 mg QD 10 mg QD Apply thin layer 2-4 times daily
		Sleep <i>Limit pharmacologic treatment to 14 days or less.</i>	Non-pharmacologic treatment Melatonin (OTC) Doxepin 10 mg/mL oral solution Mirtazapine Trazodone	Sleep hygiene; cognitive behavior therapy 3 mg one hr before bedtime 3-6 mg 30-60 min before bedtime 7.5 mg one hr before bedtime 25-50 mg one hr before bedtime
		Behavioral Problems in Dementia <i>Not FDA Approved Indication</i>	Risperidone Olanzapine Quetiapine	0.25 - 0.5 mg QHS 2.5 - 5 mg QD 12.5 - 25 mg QD
Antipsychotic (typical) <i>Anticholinergic, risk of orthostatic hypotension and EKG changes</i>	Thioridazine Mesoridazine	Insomnia	Non-pharmacologic treatment Melatonin (OTC) Doxepin 10 mg/mL oral solution Mirtazapine Trazodone	Sleep hygiene; cognitive behavior therapy 3 mg one hr before bedtime 3-6 mg 30-60 min before bedtime 7.5 mg one hr before bedtime 25-50 mg one hr before bedtime
		Headache	Acetaminophen/aspirin/caffeine Ibuprofen Naproxen	500 mg (aspirin) once, may repeat 400 mg once, may repeat if needed 500mg once, may repeat if needed
Barbiturates <i>High rate of physical dependence; tolerance to sleep benefits; risk of overdose at low dosages. Associated with increased fall risk and confusion. Includes combination products.</i>	Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Primidone Secobarbital	Anxiety	Lorazepam Buspirone Fluoxetine	0.5 mg BID 5 - 10 mg BID 10 mg QD
		Sleep <i>Limit pharmacologic treatment to 14 days or less.</i>	Non-pharmacologic treatment Melatonin (OTC) Doxepin 10 mg/mL oral solution Mirtazapine Trazodone	Sleep hygiene; cognitive behavior therapy 3 mg one hr before bedtime 3-6 mg 30-60 min before bedtime 7.5 mg one hr before bedtime 25-50 mg one hr before bedtime
Benzodiazepines <i>Accumulation in the elderly due to altered metabolism and active metabolites leads to daytime sedation, increased fall risk</i>	Chlordiazepoxide Diazepam Flurazepam Triazolam	Hypertension	Use preferred agents listed in the Hypertension Guideline . Avoid use of short-acting BP drugs due to risk of hypotension.	
		Heart Failure	Optimize ACEI, beta-blocker, aldosterone antagonist before using digoxin. Goal digoxin level ≤ 1.0 ng/mL (ideally 0.5-0.8 ng/mL) in LVSD HF.	
Cardiovascular Agents <i>Increased stroke, heart attack, syncope risk due to rapid decrease in blood pressure with alpha agonists, nifedipine IR, and dipyridamole</i> <i>Increased risk of toxicity with high-dose digoxin due to slow renal clearance</i> <i>Increased risk of blood dyscrasias or liver dysfunction with ticlopidine</i>	Guanabenz Methyldopa Guanfacine Reserpine (>0.1 mg/day) Nifedipine (short acting) Digoxin (>0.125 mg/day) <i>If on digoxin >0.125 mg/day, get updated digoxin level, potassium, and creatinine labs, then adjust as needed. Individualize digoxin dose per clinical circumstances and digoxin level.</i> Dipyridamole (short acting) Ticlopidine	Atrial Fibrillation	Digoxin Metoprolol tartrate Diltiazem XT Verapamil SR	≤ 0.125 mg QD 25 mg BID 120 mg QD 120 mg QD
		Platelet Aggregation	Aspirin Clopidogrel	81 mg QD 75 mg QD

Therapeutic Class	High Risk Medication	Common Indications	Alternative Medication	Suggested Starting Sig
Endocrine	Megestrol <i>Increases risk of thrombotic events and possibly death in older adults.</i>	Weight gain	Avoid use due to minimal effect on weight gain.	
Estrogens (systemic therapy) <i>Increased risk of CVD, cancer and cancer related death with systemic therapy. Includes combination and transdermal products. Acceptable to use intravaginal estrogen.</i>	Conjugated estrogen Estradiol Esterified estrogen Estropipate	Osteoporosis	Alendronate Calcium and Vitamin D	70 mg per week 1200 mg and 800 IU daily
		Hot Flash	Venlafaxine	37.5-75 mg QD
		Vaginal Atrophy	Estradiol Vaginal Ring Estradiol Vaginal Tablet Estradiol Vaginal Cream	Insert 2 mg ring, remains in place for 90 days Insert 1 tablet (10 mcg) daily for 2 weeks, then 1 tablet twice weekly Insert 2 g/day for 1-2 weeks, then 1 g 1-3 times per week
Hypoglycemics <i>Risk of severe hypoglycemia</i>	Chlorpropamide Glyburide	Diabetes	Glimepiride	1 – 2 mg daily
Hypnotics <i>Increased risk of daytime sedation and falls, when used greater than 90 days/year</i>	Eszopiclone Zolpidem Zaleplon	Sleep <i>Limit pharmacologic treatment to 14 days or less.</i>	Non-pharmacologic treatment Melatonin (OTC) Doxepin 10 mg/mL oral solution Mirtazapine Trazodone	Sleep hygiene; cognitive behavior therapy 3 mg one hr before bedtime 3-6 mg 30-60 min before bedtime 7.5 mg one hr before bedtime 25-50 mg one hr before bedtime
Narcotics <i>CNS effects leading to increased confusion and toxicity risk. Consider other non-narcotics.</i>	Meperidine Pentazocine	Pain	Morphine LA Ibuprofen Hydrocodone/APAP <i>*gastro-protective therapy with a PPI recommended</i>	15 mg BID 200 - 400 mg TID+ 5/325 mg ½ - 1 tab TID
NSAIDs <i>Increased GI toxicity. Use with caution due to kidney risks</i>	Ketorolac Indomethacin	Pain	Acetaminophen Etodolac Ibuprofen Naproxen <i>*gastro-protective therapy with a PPI recommended</i>	325-500 mg TID <i>max 3000 mg daily</i> 200 mg TID+ 200 - 400 mg TID+ 250 mg BID+
Parkinson Agents	Benzotropine Trihexyphenidyl	Parkinson Disease	Avoid use, anticholinergics generally not tolerated in older adults.	
		Drug-induced Extrapyramidal Symptoms	Reduce the dose of offending agent (e.g. antipsychotic) or switch offending agent to an alternative.	
Skeletal Muscle Relaxants <i>High risk of sedation and falls due to anticholinergic effects</i>	Carisoprodol Chlorzoxazone Cyclobenzaprine Meprobamate Metaxalone Methocarbamol Orphenadrine	Pain/Muscle spasms	Non-pharmacologic treatment Acetaminophen Hydrocodone/APAP Etodolac Ibuprofen Naproxen <i>*gastro-protective therapy with a PPI recommended</i>	Increase activity; heat/cold packs 325-500 mg TID <i>max 1500 mg daily</i> 5/325 mg ½ -1 tab TID 200 mg TID+ 200 - 400 mg TID+ 250 mg BID+
Tertiary TCAs <i>Strong anticholinergic and sedative properties leading to orthostatic hypotension, confusion and falls. Includes combination products.</i>	Amitriptyline Clomipramine Doxepin (>6mg/day) Imipramine Trimipramine	Depression	Fluoxetine Sertraline Citalopram	10 mg daily 12.5 - 25 mg daily 10 mg daily
		Pain	Nortriptyline° Desipramine° Lidocaine Patch <i>°avoid in patients with arrhythmias</i>	10 - 25 mg QHS 10 - 25 mg QHS Apply up to 3 patches for 12hrs out of 24hrs
		Sleep <i>Limit pharmacologic treatment to 14 days or less.</i>	Non-pharmacologic treatment Melatonin (OTC) Doxepin 10 mg/mL oral solution Mirtazapine Trazodone	Sleep hygiene; cognitive behavior therapy 3 mg one hr before bedtime 3-6 mg 30-60 min before bedtime 7.5 mg one hr before bedtime 25-50 mg one hr before bedtime
Thyroid	Dessicated thyroid	Hypothyroidism	Levothyroxine	Adjust to euthyroid
Vasodilators	Ergoloid mesylates Isoxsuprine	Dementia	Donepezil (early/midstage) Memantine (midstage)	5 mg QD 5 mg QD