Alternatives to the Most-prescribed HMSA High-risk Medication (HRM) List 2018

Items in **bold** are on the 2018 HMSA formulary.

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Drugs to Avoid	Concern	Possible Alternatives
eszopiclone zolpidem zaleplon	Cognitive impairment, delirium, unsteady gait, syncope, falls, motor vehicle accidents, fractures, sleep behaviors, and anterograde amnesia with minimal improvement in sleep latency and duration.	Nonpharmacologic therapy (e.g., avoid daytime naps and caffeinated beverages, and other sleep hygiene techniques), assess for treatment for depression and anxiety.
methyldopa	High risk of adverse CNS effects; may cause bradycardia and orthostatic hypotension.	Consider thiazide diuretics (**HCTZ, indapamide, metolazone)**; ACEI (**benazepril**, **captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, trandolapril)**; ARBs (**irbesartan, losartan, valsartan);** long-acting dihydropyridine calcium channel blockers (**amlodipine, felodipine, nifedipine ER**). Consider rate control before rhythm control; monitor SCr and digoxin levels (free digoxin level).
digoxin >0.125 mg/day	In heart failure, high dosages are associated with no additional benefit; decreased clearance may lead to risk of toxic effects.	
nitrofurantoin	Potential for pulmonary toxicity; hepatotoxicity and peripheral neuropathy with long-term use. Avoid in patients with CrCl <30 mL/min due to inadequate drug concentration in the urine.	For uncomplicated cystitis: **trimethoprim** or **TMP-SMX**. Consider patient's allergy history, renal adjustment, and other risk factors and local resistance patterns.
amitriptyline clomipramine doxepin >6 mg/day imipramine	Highly anticholinergic, (i.e., constipation, dry mouth), cognitive impairment, delirium, sedation orthostatic hypotension.	For depression: SSRI (**citalopram, escitalopram, fluoxetine, sertraline**), SNRI (**desvenlafaxine, duloxetine, venlafaxine**), or others (**buproprion, mirtazapine**) can be selected based on adverse effect profiles, cost, and patient preferences. For neuropathic pain: **gabapentin, duloxetine, pregabalin.** For insomnia: nonpharmacologic therapy Consider psychotherapy, ECT, or light therapy.
megestrol	Minimal effect on weight; increases risk of thrombotic events and possibly death in older adults.	Determine underlying cause of weight loss; are other medications causing anorexia? Maximize nutritional supplementation. Consider **mirtazapine** for depressed patient (side effect profile may increase appetite by 17% with potential 12% increase in weight) per package insert.
clemastine cyproheptadine hydroxyzine promethazine	Potent anticholinergic properties; may cause sedation, constipation, dry mouth, and impair cognitive performance; clearance reduced in advanced age.	For urticaria: **levocetirizine or OTC levocetirizine** (not on QUEST Integration formulary) OTC antihistamines (e.g., cetirizine, fexofenadine, loratadine) (covered on QUEST Integration formulary). For allergic rhinitis: intranasal corticosteroids (**flunisolide, fluticasone)**. OTC intranasal saline or corticosteroids (fluticasone, triamcinolone, budesonide). For emesis: consider **ondansetron**.
chlorpropamide glyburide	Greater risk of severe prolonged hypoglycemia in older adults. Higher risk if patient has stages 3 to 5 chronic kidney disease.	**glimepiride** **glipizide** **metformin**
carisoprodol chlorzoxazone cyclobenzaprine meprobamate metaxalone methocarbamol orphenadrine	Poorly tolerated because of anticholinergic adverse effects, sedation, and weakness; effectiveness at doses tolerated by older patients is questionable.	For muscle spasms: nonpharmacologic therapy (e.g., physiotherapy, heat or cold, and TENS); **baclofen, tizanidine.** For pain: **celecoxib,** short-term acetaminophen (<3 grams per day).
benztropine (oral) trihexyphenidyl	Highly anticholinergic. Not recommended for prevention of extrapyramidal symptoms with antipsychotics; more effective agents are available for treatment of Parkinson's disease.	For antipsychotic induced EPS: the cornerstones of treatment are prevention, early detection, and management of potentially reversible causes. For Parkinson's disease: **amantadine, carbidopa/levodopa** (+/- **entacapone**), **pramipexole, ropinirole, or selegiline.**
NSAIDs	Elevation of blood pressure, impairment of renal function, increased risk of GI bleeding and peptic ulcer disease in high-risk groups (age >75 taking corticosteroids, anticoagulants, or antiplatelets).	Consider a COX-2 selective NSAID (e.g., **celecoxib**) or OTC acetaminophen (<3 grams per day).

Questions? Contact the Pharmacy Advisor Call Center at 1 (877) 418-4130 option 2 toll-free.