

POTENTIALLY SAFER ALTERNATIVES TO HIGH-RISK MEDICATIONS

Focused on adults age 65 and older

The medications listed below reflect the most recent High Risk Medication (HRM) list, developed and endorsed by the Pharmacy Quality Alliance (PQA) in June 2012. The Centers for Medicare & Medicaid Services (CMS) has adopted this list as a quality and safety measure for individuals 65 years and older.

Safer treatment alternatives listed represent potential alternatives to HRMs; providers should evaluate use of HRMs in their elderly patients and prescribe safer treatment alternatives when medically appropriate.

High Risk Medication*	Potential Risk
2014 Most Used High Risk Medications	
Amitriptyline	Elderly patients are more susceptible to anticholinergic adverse events including urine retention, confusion, and sedation
Nitrofurantoin	Nitrofurantoin use is associated with an increased risk of pulmonary toxicity, neuropathy, and hepato-toxicity
Zolpidem	Impaired motor and/or cognitive performance after repeated exposure
Megestrol	Megestrol is substantially excreted by the kidney. Because elderly patients are more likely to have decreased renal function, there is an increased risk of toxicity, including adrenal suppression
Digoxin	In heart failure, dosages >0.125 mg/day have been associated with no additional benefit and may increase toxicity
Phenobarbital	Highly addictive and causes more adverse effects than most other sedatives in the elderly, greatly increasing cognitive impairment, confusion, and risk of falls
Doxepin	At doses > 6 mg/day, elderly patients are more susceptible to anticholinergic adverse events including urine retention, confusion, and sedation
Cyproheptadine	Elderly patients are more susceptible to anticholinergic adverse events including urine retention, confusion, and sedation
Premarin	Elderly patients on long-term oral estrogens are at increased risk for breast and endometrial cancer. In addition, results from the Women's Health Initiative (WHI) hormone trial suggest these medications may increase the risk of heart attack, stroke, blood clots, and dementia
Cyclobenzaprine	Most muscle relaxants are poorly tolerated in the elderly due to anti-cholinergic effects, sedation and cognitive impairment. In addition, these agents have abuse potential

Potentially Safer Alternatives[†] are included inside by therapeutic class.

High Risk Medication*	Potentially Safer Alternatives†	
Analgesics		
➤ Indomethacin ^{NF}	➤ Other NSAIDs ¹	
➤ Ketorolac (Toradol Sprix) ^{NF}	➤ Other NSAIDs ¹ ➤ Tramadol ¹	➤ Hydrocodone/APAP ² ➤ Oxycodone/APAP ²
➤ Meperidine (Demerol) ^{NF} ➤ Pentazocine/APAP (Talacen) ^{NF} ➤ Pentazocin/naloxone (Talwin NX) ^{NF}	➤ Other NSAIDs ¹ ➤ Tramadol ¹ ➤ Morphine CR ² ➤ Oxycodone	➤ Hydrocodone/APAP ² ➤ Oxycodone/APAP ² ➤ Hydromorphone ²
Anti-Anxiety Agents		
➤ Meprobamate ^{NF}	➤ Buspirone ^{1,2} ➤ Fluoxetine ² ➤ Citalopram ^{1,2}	➤ Paroxetine ^{1,2} ➤ Venlafaxine ² ➤ Duloxetine ²
Antidepressants, Tertiary Amine Tricyclics		
➤ Amitriptyline ^{PA} ➤ Clomipramine ^{PA} ➤ Doxepin ^{PA} (Doses >6 mg/day) ➤ Imipramine ^{PA} ➤ Surmontil ^{PA}	For depression / anxiety / OCD: ➤ Nortriptyline ^{1,2} ➤ Desipramine ² ➤ Fluoxetine ² ➤ Citalopram ^{1,2} ➤ Paroxetine ^{1,2} For neuropathic pain / fibromyalgia: ➤ Gabapentin ² ➤ Duloxetine ² For prevention of migraine: ➤ Propranolol ^{1,2} ➤ Topiramate ^{2,4}	
	➤ Sertraline ² ➤ Venlafaxine ² ➤ Duloxetine ² ➤ Bupropion ² ➤ Lyrica ³ ➤ Divalproex sodium ²	
Antiemetics		
➤ Promethazine (Phenergan) ^{PA} ➤ Trimethobenzamide (Tigan) ^{NF}	➤ Ondansetron (QL = 90/30) ²	
Anti-Parkinson Agents		
➤ Benzotropine ^{PA} ➤ Trihexyphenidyl ^{PA}	➤ Carbidopa/levodopa ² ➤ Pramipexole ² ➤ Ropinirole ²	➤ Bromocriptine ^{2,4} ➤ Amantadine (for EPS only) ² ➤ Selegiline ²
Antipsychotics		
➤ Thioridazine ^{PA}	➤ Risperidone ^{ST1} ➤ Olanzapine ^{ST1} ➤ Abilify ^{4,5}	➤ Geodon ^{ST1} ➤ Saphris ^{ST2} ➤ Seroquel XR ^{ST2}

(Note: all antipsychotics have been associated with increased mortality when used to treat psychosis related to dementia.)

(Note: all antipsychotics have been associated with increased mortality when used to treat psychosis related to dementia.)

High Risk Medication*	Potentially Safer Alternatives†	
Antithrombotics		
<ul style="list-style-type: none">▶ Dipyridamole (Persantine)^{NF} – does NOT include combo with aspirin▶ Ticlopidine (Ticlid)^{NF}	For prevention of thromboembolic complications of cardiac valve replacement: <ul style="list-style-type: none">▶ Warfarin¹▶ Jantoven¹ For prevention of stroke: <ul style="list-style-type: none">▶ Clopidogrel²▶ Aggrenox³▶ Aspirin^{OTC}	
Barbiturates		
<ul style="list-style-type: none">▶ Phenobarbital^F▶ Secobarbital (Seconal)^{NF}▶ Butabarbital (Butisol)^{NF}▶ Pentobarbital (Nembutal)^{NF}▶ Butalbital^{PA} and Butalbital^{PA} combinations (Fioricet/Codeine)	Please note: Patients being switched off barbiturates should be tapered slowly over a prolonged period of time. For seizures: <ul style="list-style-type: none">▶ Carbamazepine²▶ Divalproex sodium²▶ Levetiracetam^{2,4}▶ Lamotrigine² For sleep: Consider non-pharmacologic interventions, focusing on proper sleep hygiene. When sedative hypnotics are deemed clinically necessary, use should be at the lowest possible dose for the shortest possible time. Rozerem ³ may be considered a safer option with less abuse potential. For tension headaches: Naproxen ^{1,2}	
Calcium Channel Blockers		
<ul style="list-style-type: none">▶ Nifedipine immediate-release^{NF} (Adalat^{NF}, Procardia^{NF})	<ul style="list-style-type: none">▶ Amlodipine¹▶ Felodipine²▶ Isradipine²	<ul style="list-style-type: none">▶ Nicardipine^{2,4}▶ Nisoldipine²▶ Extended-release Nifedipine²
Cardiovascular (Other)		
<ul style="list-style-type: none">▶ Disopyramide^{NF}	<ul style="list-style-type: none">▶ Beta-blockers▶ Calcium channel blockers	<ul style="list-style-type: none">▶ Flecainide²
<ul style="list-style-type: none">▶ Digoxin 250mcg^{PA}▶ Digoxin 125mcg^{OL}▶ (Doses >125mcg/day)	In heart failure, dosages >0.125 mg/day have been associated with no additional benefit and may increase toxicity.	
Central Alpha Blockers		
<ul style="list-style-type: none">▶ Guanabenz^{NF}▶ Guanfacine^{NF}▶ Methyldopa^{NF}▶ Reserpine^{NF} (Doses >0.1mg/day)	<ul style="list-style-type: none">▶ ACE inhibitors/ARBs▶ Calcium channel blockers	<ul style="list-style-type: none">▶ Beta-blockers▶ Thiazide diuretics

High Risk Medication*	Potentially Safer Alternatives†
Estrogens (Oral and Patches)	
<ul style="list-style-type: none">➤ Conjugated estrogen (Premarin)^{PA}➤ Conjugated estrogen / medroxy-progesterone (Prempro^{NF}, Premphase^{NF})➤ Estradiol and estradiol combinations^{PA}➤ Estropiate^{NF}➤ Esterified estrogen and esterified estrogen combinations^{NF}	<p>For hot flashes: Post-menopausal women should avoid using oral estrogens for > 3 years. SSRIs, gabapentin², and venlafaxine² have non-FDA labeled indications (medically accepted use) for hot flashes.</p> <p>For vaginal symptoms:</p> <ul style="list-style-type: none">➤ Premarin cream³➤ Femring³➤ Estring³ <p>For bone density:</p> <ul style="list-style-type: none">➤ Alendronate^{1,2}➤ Risedronate²➤ Raloxifene²➤ Prolia⁴
First Generation Antihistamines	
<ul style="list-style-type: none">➤ Brompheniramine^{NF}➤ Carbinoxamine^{NF}➤ Chlorpheniramine^{NF}➤ Clemastine^{NF}➤ Cyproheptadine^{NF}➤ Dexchlorpheniramine^{NF}➤ Diphenhydramine^{NF}➤ Hydroxyzine^{NF}➤ Promethazine (Phenergan)^{PA}➤ Triprolidine^{NF} <p><i>All combination products containing these medications.</i></p>	<p>For allergic rhinitis:</p> <ul style="list-style-type: none">➤ Levocetirizine²➤ Desloratadine²➤ Azelastine (nasal)²➤ Nasal Steroids (Fluticasone², Flunisolide¹, Triamcinolone³) <p>For N/V:</p> <ul style="list-style-type: none">➤ Ondansetron (QL = 90/30)^{2,4} <p>For pruritus:</p> <ul style="list-style-type: none">➤ Levocetirizine²➤ Desloratadine²➤ Ammonium lactate²➤ Topical steroids <p>For anxiety:</p> <ul style="list-style-type: none">➤ SSRIs➤ Bupirone^{1,2}➤ Venlafaxine² <p>OTC options:</p> <ul style="list-style-type: none">➤ Cetirizine (Zyrtec)➤ Loratadine (Claritin)➤ Fexofenadine (Allegra)

*All combination products containing at least one high risk medication are also considered high risk medications unless otherwise specified.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

High Risk Medication*	Potentially Safer Alternatives†
Muscle Relaxants	
<ul style="list-style-type: none">➤ Carisoprodol (Soma)^{NF}➤ Chlorzoxazone^{PA}➤ Cyclobenzaprine (Flexeril)^{PA}➤ Methocarbamol (Robaxin)^{NF}➤ Orphenadrine (Norflex)^{NF}➤ Orphenadrine ER^{PA}➤ Metaxalone (Skelaxin)^{NF} <p><i>All combination products containing one of these medications.</i></p>	<p>For spasticity:</p> <ul style="list-style-type: none">➤ Baclofen^{1,2}➤ Tizanidine²➤ Dantrolene² <p>For musculoskeletal pain:</p> <ul style="list-style-type: none">➤ Oral NSAIDS¹➤ Voltaren gel³➤ Duloxetine² <p><i>May consider non-pharmacologic treatments, such as cryotherapy, heat, massage, stretching/exercise, and transcutaneous electrical nerve stimulation (TENS).</i></p>
Oral Hypoglycemics	
<ul style="list-style-type: none">➤ Chlorpropamide^{NF}➤ Glyburide^{NF}	<ul style="list-style-type: none">➤ Glipizide¹➤ Glimepiride¹
<ul style="list-style-type: none">➤ Glyburide-metformin^{PA}	<ul style="list-style-type: none">➤ Glipizide-metformin¹
Progestins	
<ul style="list-style-type: none">➤ Megestrol (Megace, Megace ES)^{PA}	<ul style="list-style-type: none">➤ Dronabinol (Marinol)^{PA,2}➤ Medroxyprogesterone¹
Sedative Hypnotics	
<ul style="list-style-type: none">➤ Chloral hydrate^{NF} <p>Greater than 90 days cumulative supply during plan year:</p> <ul style="list-style-type: none">➤ Eszopiclone (Lunesta)^{NF}➤ Zaleplon (Sonata)^{F,QL}➤ Zolpidem (Ambien)^{PA,QL}➤ Estazolam^{NF}➤ Temazepam^{QL}➤ Triazolam^{NF}➤ Flurazepam^{NF}➤ Quazepam^{NF}	<ul style="list-style-type: none">➤ Rozerem³➤ Silenor³ <p><i>(Dose must be < or = 6mg; Formulary Quantity Limit of 1 tablet/day)</i></p> <p>May consider non-pharmacologic interventions, focusing on proper sleep hygiene. When sedative hypnotic medications are deemed clinically necessary, use the lowest possible dose for the shortest possible time.</p>

†Please note: The listing of safer treatment alternatives represents potential options; this table is not all inclusive. Efforts were made to include low cost, preferred options whenever possible. However, to verify formulary status and/ or prior authorization requirements, please consult:
<http://www.cigna.com/medicare/part-d/drug-list-formulary>

High Risk Medication*	Potentially Safer Alternatives†
Thyroid Hormones	
<ul style="list-style-type: none">➤ Dessicated thyroid (Armour Thyroid, NP Thyroid, Nature-Throid, Westhroid)^{NF}	<ul style="list-style-type: none">➤ Levothyroxine¹➤ Levoxyl³➤ Unithroid³
Urinary Anti-Infectives	
<p>Greater than 90 days cumulative supply during the plan year:</p> <ul style="list-style-type: none">➤ Nitrofurantoin (Furadantin)^{QL}➤ Nitrofurantoin monohydrate/ macrocrystals (Macrobid)^{QL}➤ Nitrofurantoin macrocrystals (Macrochantin)^{QL}	<p>Treatment of acute UTI:</p> <ul style="list-style-type: none">➤ Ciprofloxacin^{1,2,4}➤ Trimethoprim/ sulfamethoxazole (TMP/ SMX)¹➤ Amoxicillin/clavulanate³➤ Cefdinir²➤ Cefaclor²➤ Cefpodoxime²➤ Suprax³ <p>Prevention of recurrent UTI:</p> <ul style="list-style-type: none">➤ TMP/SMX¹➤ Methenamine hippurate² <p><i>Non-pharmacologic therapies may be considered.</i></p>
Vasodilators	
<ul style="list-style-type: none">➤ Ergoloid mesylates^{NF}➤ Isoxsuprine^{NF}	<p>Prevention of stroke:</p> <ul style="list-style-type: none">➤ Clopidogrel²➤ Aspirin^{OTC}➤ Aggrenox³ <p>Peripheral vascular disease:</p> <ul style="list-style-type: none">➤ Cilostazol² <p>Treatment of alzheimer's / dementia:</p> <ul style="list-style-type: none">➤ Galantamine²➤ Donepezil²➤ Rivastigmine²

⁴Gastroprotective therapy with a PPI recommended with chronic NSAID use.
^FFormulary medication
^{NF}Non-formulary medication
^{PA}Prior Authorization applies to those age 65 and older. A PA either always applies (highlighted in orange) or only on new starts of the medication
^{QL}Restricted to Quantity Limit of 90 per 365 days
^{STL,ST2}is either a step 1 or 2 therapy

1-4 Denotes which tier drug is in for MAPD plan; based on 30 day supply at retail pharmacy (if 90 day supply- will pay 3 times their copay); Does not include mail order discounts, if applicable, or Low Income Subsidy (LIS) pricing.
Tier Pricing can vary by plan:
Tier 1: Patient can expect copay \$0-\$8
Tier 2: Patient can expect copay \$0-\$15
Tier 3: Patient can expect copay \$30-\$45
Tier 4: Patient can expect copay \$60-\$85

Providers should assess patients currently on high risk medications and consider prescribing safer alternatives when possible. For situations where the prescriber deems a high risk medication necessary for a patient, override considerations can be requested through the Pharmacy Service Unit at: 1-877-813-5595
Last updated: **April, 2015**