AMERICAN PARKINSON DISEASE ASSOCIATION
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Medications To Be Avoided Or Used With Caution in Parkinson's Disease

This medication list is not intended to be complete, and additional brand names may be found for each medication.

Every patient is different, and you may need to take one of these medications despite caution against its use. Please discuss your particular situation with your physician, and do not stop any medication that you are currently taking without first seeking advice from your physician. Most medications should be tapered off and not stopped suddenly.

Although you may not be taking these medications at home, one of these medications may be introduced while hospitalized. **If a hospitalization is planned, please have your neurologist contact your treating physician in the hospital to advise which medications should be avoided.**

Medications to be avoided or used with caution in combination with the monoamine oxidase (MAO) B inhibitors: selegiline HCL (Emsam®, Zelapar®), rasagiline (Azilect®), and safinamide (Xadago®)

Medication Type	Medication Name	Trade Name®
Narcotics/Analgesics (see note below)	Meperidine	
	Tramadol	Ultram
	Methadone	Dolophine
Antidepressants (see note below)	St. John's Wort	Several brands
Muscle Relaxants	Cyclobenzaprine	Flexeril
Cough Suppressants	Dextromethorphan	Robitussin products, other brands— found as an ingredient in various cough and cold medications
Decongestants/Stimulants	Pseudoephedrine Phenylephrine Ephedrine	Sudafed products, other brands— found as an ingredient in various cold and allergy medications
Medications that inhibit monoamine oxidase non-selectively	Linezolid (antibiotic)	Zyvox
	Phenelzine	Nardil
	Tranylcypromine	Parnate
	Isocarboxazid	Marplan

Note: Additional medications are cautioned against use in people taking monoamine oxidase inhibitors (MAOI), including other opioids (beyond what is mentioned in the chart above), most classes of antidepressants and other stimulants (beyond what is mentioned in the chart above). However, there are many patients who have successfully taken these medications in combination. Please discuss these medications with your neurologist. Medications that inhibit MAO non-selectively are absolutely contraindicated.

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Medications to be avoided or used with caution in patients with Parkinson's disease

Medication Type	Medication Name	Trade Name®™	Mechanism of Action
Typical Antipsychotics	Chlorpromazine		Block D2 (dopamine) receptors in the brain
	Fluphenazine		
	Haloperidol	Haldol	
	Loxapine		
	Thioridazine		
	Thiothixene		
	Trifluoperazine		
	Pimozide	Orap	
	Perphenazine		
Atypical Antipsychotics[1]	Risperidone	Risperdal, Uzedy	Block dopamine receptors, but dissociate from the receptor more quickly than typical antipsychotics. They also tend to block serotonin receptors in addition to dopamine receptors. The result is less parkinsonism than that caused by the typical antipsychotics.
	Olanzapine	Zyprexa, Lybalvi	
	Ziprasidone	Geodon	
	Aripiprazole	Abilify	
	Lurasidone	Latuda	
	Paliperidone	Invega	
	Iloperidone	Fanapt	
	Brexpiprazole	Rexulti	
	Cariprazine	Vraylar	
	Asenapine	Saphris	
Antiemetics (used to treat nausea or vomiting)	Chlorpromazine		Block D2 (dopamine) receptors in the brain
	Droperidol	Inapsine	
	Metoclopramide	Reglan	
	Prochlorperazine		
	Promethazine		
	Amisulpride	Barhemsys	
Drugs to treat hyperkinetic movements such as chorea and tardive dyskinesia	Tetrabenazine	Xenazine	Decrease dopamine stores
	Deutetrabenazine	Austedo	
	Valbenazine	Ingrezza	
Antihypertensives	Methyldopa		Inhibits an enzyme which converts L-dopa into dopamine in the brain
Antidepressants	Amoxapine		Although classified as a tricyclic antidepressant, it can also block dopamine receptors
Others[2]	Valproic acid, Lithium	Depakene Depakote	

[1] If an antipsychotic that blocks dopamine receptors needs to be used, atypical antipsychotics are better choices than typical antipsychotics. Clozapine (Clozaril®) and quetiapine (Seroquel®) are dopamine blockers with the least risk of worsening Parkinson symptoms. Pimavanserin (Nuplazid®) is a serotonin inverse agonist and was approved specifically for use as an antipsychotic in patients with Parkinson's disease.

[2] These medications may cause parkinsonism in some people. There are multiple other examples of medications of various types causing parkinsonism in select individuals. Included among these drugs are certain antiarrhythmics, antibiotics, immunosuppressive agents, chemotherapeutic agents, additional antihypertensives and additional antidepressants. If you experience worsening of your Parkinson's disease symptoms when any new medication is introduced, talk with your healthcare provider.

Revised and updated by Rebecca Gilbert, MD, PhD, *Chief Mission Officer*, APDA, 2023.

National Headquarters
American Parkinson Disease Association
PO Box 61420
Staten Island, NY 10306

Telephone: 800-223-2732

Website: www.apdaparkinson.org

Email: apda@apdaparkinson.org

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