

Medications to Avoid or Use with Caution

The below chart contains medications to avoid or use with caution for those with Parkinson’s or taking Parkinson’s Medications. Keep copies of this form with your paperwork to discuss with your physicians and medical teams to help avoid any potential adverse drug interactions.

To ensure you are using the most up to date and current forms, check back at www.parkinsonalabama.info to compare and download the latest form. The form can be found under the Treatments and Therapies Section. Choose Medications under the Drop-Down Menu. Compare forms to ensure you have the latest updated version to share with your medical teams.

CLASS	GENERIC NAME	TRADE NAME	NOTES
MAO-B contraindicated medications	Pain Medications Meperidine Tramadol Methadone	Demerol Ultram Dolophine	Most prescription antidepressants have a potential interaction with MAO-B inhibitors. Prescription antidepressants have been used safely in thousands of people with PD, but your prescribing physician may need to inform the pharmacy if they consider the benefits to outweigh the risks.
	Antidepressants St. John’s Wort	Several brands	
	Muscle relaxants Cyclobenzaprine	Flexeril	
	Cough Suppressants Dextromethorphan	Robitussin, other brands	
	Decongestants/stimulants Pseudoephedrine Phenylephrine Ephedrine	Sudafed Vicks Sinex, etc. Emerphed, Akovaz, etc.	
	Other medications Linezolid Phenelzine Tranylcypromine Isocarboxazid	Ayvox Nardil Parnate Marplan	
First generation antipsychotics	Loxapine Pimozide Fluphenazine Trifluoperazine Haloperidol Chlorpromazine Thiothixine Perphenazine Thiroidazine	Loxitane Orap Prolixin Stelazine Haldol Thorazine Navine Triflazon Merril	These medications block dopamine receptors in the brain, thus countering the desired effects of Parkinson’s medications and likely worsening Parkinson’s motor symptoms.

Second generation antipsychotics	Lurasidone Asenapine Olanzapine Aripiprazole Iloperidone Cariprazine Risperidone Brexipiprazole Ziprasidone Paliperidone	Latuda Sphris Zyprexa Abilify Fanapt Vraylar Risperdal Rexulti Geodon Invega	These medications block dopamine receptors in the brain, thus countering the desired effects of Parkinson’s medications and likely worsening Parkinson’s motor symptoms. These medications block less dopamine than first generation antipsychotics, but they should nonetheless be avoided.
Antiemetics	Prochlorperazine Chlorpromazine Promethazine Metoclopramide Droperidol	Compazine Thorazine Phenergan Reglan Inapsine	These medications treat nausea by blocking dopamine receptors in the brain, thus countering the desired effects of Parkinson’s medications and possibly worsening Parkinson’s motor symptoms.
Treatments for hyperkinetic movements	Tetrabenazine Valbenazine Deutetrabenazine	Xenazine Ingrezza Austedo	These medications are used for a condition called tardive dyskinesia, which is different than carbidopa/levodopa-induced dyskinesia. These medications lower dopamine, possibly worsening Parkinson’s motor symptoms.
Antihypertensives	Reserpine Methyldopa	Serpalan Aldomet	These medications reduce dopamine, possibly worsening Parkinson’s motor symptoms.
Antidepressants	Amoxapine Phenelzine Isocarboxazid Tranylcypromine	Asendin Nardil Parnate Marplan	Amoxapine is a TCA but unlike other TCAs also blocks dopamine receptors. Phenelzine, isocarboxazid, and tranylcypromine are nonselective MAO inhibitors and cannot be taken in conjunction with MAO-B inhibitors.