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 exist 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 medical advice. 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 at 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	Meperidine	Demerol
	Tramadol	Ultram
	Methadone	Dolophine
Antidepressants	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 (inhibit both MAO-A and MAO-B)	Linezolid (antibiotic)	Zyvox
	Phenelzine	Nardil
	Tranylcypromine	Parnate
	Isocarboxazid	Marplan

Note: For people taking monoamine oxidase B inhibitors (selegiline, rasagiline and safinamide), additional medications (beyond what is mentioned in the table above, including other opioids, most classes of antidepressants, and other stimulants) should be used with caution. However, there are many patients who have successfully taken these medications in combination with their Parkinson's disease medications. Please discuss these medications with your neurologist.

Medications that inhibit MAO non-selectively (inhibit both MAO-A and MAO-B) are absolutely contraindicated (not advised as a course of treatment) if already taking a MAO-B inhibitor.

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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	Thorazine, Largactil	Block dopamine receptors in the brain
	Fluphenazine	Prolixin, Permitil	
	Haloperidol	Haldol	
	Loxapine	Adasuve	
	Thioridazine		
	Thiothixene	Navane	
	Trifluoperazine	Stelazine	
	Pimozide	Orap	
	Perphenazine	Trilafon	
Atypical Antipsychotics[a]	Risperidone	Risperdal, Uzedy	Block dopamine receptors but dissociate from the receptor quicker than typical antipsychotics. They also tend to block serotonin receptors in addition to dopamine receptors. These medications are less prone to causing symptoms similar to Parkinson's disease (or parkinsonism) than 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	Thorazine, Largactil	Block dopamine receptors in the brain
	Droperidol	Inapsine	
	Metoclopramide	Reglan	
	Prochlorperazine	Compro	
	Promethazine	Phenergan	
	Amisulpride	Barhemsys	
Drugs to treat hyperkinetic movements such as chorea and tardive dyskinesia	Tetrabenazine	Xenazine	Decrease dopamine stores
	Deutetrabenazine	Austedo	
	Valbenazine	Ingrezza	
Antihypertensives	Methyldopa	Aldomet	Inhibits an enzyme which converts levodopa into dopamine in the brain
Anticonvulsants[b]	Valproic acid	Depakene, Depakote	Reduce neuronal activation
Antidepressants	Amoxapine	Asendin	Although classified as a tricyclic antidepressant, it can also block dopamine receptors
Other[b]	Lithium	Lithobid	Evidence suggests that it interferes with the synthesis, storage, release and reuptake of monoamine neurotransmitters

[a]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's symptoms. Pimavanserin (Nuplazid®), approved by the FDA in 2016, is a serotonin inverse agonist specifically indicated for use as an antipsychotic in patients with Parkinson's disease.

[b]These medications may cause symptoms similar to Parkinson's disease (or 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.

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