

The F O R T A List
“Fit for The Aged“
Expert Consensus Validation 2015

F O R T A			
A	B	C	D

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Disclaimer

Please keep in mind that the FORTA Concept was conceived and developed in Germany. While building on an international foundation of medical evidence and experience for the medications listed, including already existing “negative lists” and classification systems, the FORTA List primarily reflects prescribing tendencies in Germany and Austria⁵. It is our hope and aim, however, that the underlying principle, including the diagnosis-dependent, evidence-based labeling of specific substances, may ultimately be applied above and beyond national borders⁵. Thus, we are currently conducting a study aimed at the internationalization of the FORTA List in several European countries. The FORTA labels themselves, being evidence-based, may possibly be subject to change during the course of further consensus evaluation procedures, depending on the state of evidence and clinical experience for a given substance⁵. Meanwhile, the FORTA principle has been validated in a randomized clinical trial (VALFORTA) showing a large improvement of medication quality and amelioration of clinical parameters⁶.

With the goal of creating a user-friendly clinical tool, a summary of relevant comments is given directly in the FORTA List, drawing on the Delphi experts’ extensive clinical experience. This is however by no means comprehensive and does not necessarily refer to specific evidence or sources. Therefore, the authors’ selection of suggestions, comments and warnings may be subjective⁵. ‘No comment’ reflects the absence of noteworthy or relevant words of information or caution within the context of the expert evaluation. All information herein is believed to be true and accurate. Neither the authors nor the University of Heidelberg or affiliated institutions, as the publishers of this list, can accept legal responsibility for any errors made in the contents of this list⁵.

We welcome all comments and criticism which may contribute to the quality, safety and usability of the FORTA List in daily clinical practice.

The FORTA Concept: initiators and expert panel for the FORTA classification system 2015

Initiators of the FORTA List 2015 who prepared the proposal of the updated list

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FORTA Expert Review Panel 2015

The following 21 colleagues, representing Germany and Austria, provided their expertise for purposes of evaluating the proposed FORTA List. They received no honoraria in connection with this project. All panel members contributed actively to the development of the content of the FORTA List.

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F O R T A – Physician’s guide^{1,2,5,7}

1. FORTA is evidence-based + real-life-oriented (factors such as compliance issues, age-dependent tolerance and frequency of relative contraindications are considered).
2. Classifications are indication (or diagnosis)-dependent: a medication can receive different FORTA classifications based on differing indications.
3. Contraindications always take precedence over the FORTA-classification (for example, even Class A medications may not be given if allergies are present).
4. FORTA is designed to be a quick and user-friendly clinical tool to aid in the pharmacotherapy of older patients. The system is not intended to take the place of individual therapeutic considerations or decisions. As with any simplified model, it does allow for exceptions.

F O R T A – Classification System A-D^{1,2,3,4,7}

Class A	Class B	Class C	Class D
= Indispensable drug, clear-cut benefit in terms of efficacy/safety ratio proven in elderly patients for a given indication	= Drugs with proven or obvious efficacy in the elderly, but limited extent of effect and/or safety concerns	= Drugs with questionable efficacy/safety profiles in the elderly which should be avoided or omitted in the presence of too many drugs, absence of benefits or emerging side effects; explore alternatives	= Avoid if at all possible in the elderly, omit first and use alternative substances

The F O R T A List^{3,4,5}

Delphi Expert Consensus Validation 2015

F	O	R	T	A
A	B	C	D	

**Classification of the most frequently used long-term medications†
for the pharmacotherapy of older patients
by indication/diagnosis, ranked according to FORTA classification**
Newly proposed drugs are mentioned under the respective diagnosis and marked by *; they are listed in greater detail in the second part.

(† long-term defined as > 4 weeks. Please note that the distinction between acute/chronic may not always be clear-cut; exceptions are noted)

ARTERIAL HYPERTENSION Substance/Group	FORTA Class (original FORTA class in parentheses if different from consensus results)
Renin-Angiotensin system inhibitors ACE inhibitors	A
Angiotensin receptor antagonists	A
Long-acting calcium antagonists, dihydropyridine type, for example amlodipine	A
Betablockers	B
Diuretics	B
Alpha blockers	C
Spironolactone	C
Moxonidine	C
Aliskiren	C
Urapidil	C
Clonidine	D

Minoxidil	D
Calcium antagonists, verapamil type	D
Atenolol*	
CARDIAC INSUFFICIENCY	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/Group	
Renin-angiotensin system inhibitors ACE inhibitors	A
Angiotensin receptor antagonists	A
Betablockers (metoprolol, carvedilol, bisoprolol)	A
Diuretics	B
Spirolactone	B
Digitalis preparations	C
Ivabradine	C

ACUTE CORONARY SYNDROME Substance/Group	FORTA Class (original FORTA class in parentheses if different from consensus results)
Renin-Angiotensin-System- Blocker: ACE-Hemmer	A
Acetylsalicylic acid	A
Unfractionated heparin and low molecular weight heparin	A
Frequency-lowering betablockers	A
Atorvastatin	A
Nitroglycerin spray, single use, acute as on-demand medication	A
Clopidogrel, prasugrel	B A for stent
Thrombolytics, especially rTPA (recombinant tissue-type plasminogen activator)	B
Nitrates, long-term	C
Gp IIb/IIIa antagonists (glycoprotein 2b/3a inhibitors)	C
Ivabradine	C
Molsidomine*	

CHRONIC THERAPY FOLLOWING MYOCARDIAL INFARCTION	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Renin angiotensin system blockers ACE Inhibitors	A
Acetylsalicylic acid (100 mg/d)	A
Frequency-lowering beta blockers up to 3 years	A
Frequency-lowering beta blockers longer than 3 years	(C) B
Nitroglycerin spray, single use as on-demand medication	A
Influenza vaccination (inactivated subunit vaccines)	A
Statins	A B for very old (>85 years) patients
Clopidogrel (12 months after acute coronary syndrome)	A with aspirin intolerance
Nitrates, long-term	C
Fibrates	C
Ezetimibe	C
Amiodarone	C
All other class-I-III antiarrhythmic agents	D

Dihydropyridine antagonists (if no hypertension)	D
Niacin	D

STROKE	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/Group	
Acetylsalicylic acid	A
Atorvastatin	A
rTPA (recombinant tissue-type plasminogen activator)	A
Simvastatin	A
Anticoagulants including new oral anticoagulants	A
Clopidogrel	A
Dipyridamole plus acetylsalicylic acid	B

ATRIAL FIBRILLATION	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Frequency-lowering betablockers	A
Digoxin	B
New Oral Anticoagulants (NOACs) Except dabigatran	B C
Oral anticoagulation by vitamin-K-antagonists (e.g. phenprocoumon, warfarin) Alternative: low molecular weight heparin	(B) A C
Digitoxin	C
Diltiazem, verapamil	C
Class III antiarrhythmic agent amiodarone	C
All other class I-III antiarrhythmic agents	D

Acetylsalicylic acid (100 mg/d)	D
Class III antiarrhythmic agent dronedarone	D

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Inhalative long-acting parasympatholytic agents	A
Systemic glucocorticoids, acute, short-term use in cases of exacerbation	A
Antibiotics (acute) in cases of exacerbation, after calculated selection and, if necessary, according to antibiogram	A
Long-term administration of oxygen	A
Annual influenza immunizations	A
Pneumococcal immunizations for persons ≥ 65 years	A
Inhalative beta 2 mimetic agents	B
Inhalative glucocorticoids	C
Theophylline	C
Mucolytic agents, e.g, acetyl cysteine, bromhexine	C
Roflumilast	C
Systemic glucocorticoids, chronic use	D

Antitussives: opioid A., e.g. codein; non-opioid A., e.g. butamirate	D
OSTEOPOROSIS	FORTA Class (original FORTA class in parenteses if different from consensus results)
Substance/Group	
Calcium and vitamin D supplements (as prophylaxis for persons ≥ 65 years)	A
Parenteral bisphosphonates (e.g. ibandronate, IV every 3 months)	A
Raloxifene for women	A
Denosumab	A
Bisphosphonates, oral	B
Teriparatide	C
Alfacalcidol	C
Parathormone	C
Strontium ranelate	D
Nandrolone decanoate	D
Fluoride	D

Hormone replacement therapy (HRT): estrogen, except for perimenopausal	D
TYPE II DIABETES MELLITUS	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
DPP4 (Dipeptidylpeptidase) Inhibitors	A
Insulin and insulin analogs (if absolutely necessary)	B
Metformin	B
GLP1 (Glucagon-Like Peptide-1) analogs	B
Acarbose	(B) C
3rd generation sulfonylureas (for example, glimepiride)	C
Glinides (for example, nateglinide)	C
PPAR-γ Ligands (Peroxisomal Proliferator-Activated Receptor gamma)	
Pioglitazone	C
Rosiglitazone	D
Gliflozins	D

1st generation sulfonylureas (for example, glibenclamide)	D
DEMENTIA	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Acetylcholinesterase inhibitors e.g. donepezil, galantamine, rivastigmine (Only if indicated for the present stage of the disease)	B
Memantine	(C) B
Ginkgo biloba	C
Statins	D
Selegiline	D
Nimodipine	D
Ergoline derivatives	D
Piracetam	D
Pyritinol	D
Antioxidants: Vitamin E, selenium, vitamin C	D

Phytotherapeutic agents, e.g. ginseng	D
Hormone preparations, e.g. DHEA (Dehydroepiandrosterone), testosterone	D
Antiphlogistics, e.g. indomethacin	D
Desferrioxamine	D
BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD)	FORTA Class (original FORTA class in parentheses if different from consensus results)
DEPRESSION	
Substance/group	
SSRI (Selective Serotonin Reuptake Inhibitors) Citalopram/escitalopram, sertraline, fluoxetine in the usual dosages	C
Mirtazapine (15-45mg/d)	C
SNRI (Serotonin-Noradrenalin-Reuptake-Inhibitors) Venlafaxine, duloxetine	D
BPSD: PARANOIA, HALLUCINATION	FORTA Class (original FORTA class in parentheses if different from consensus results)

Substance/group	
Risperidone (initially 0,5-1 mg/d)	C
Melperone (25-150mg/d)	C
Quetiapine (25-200 mg/d)	C
Aripiprazole (2-15 mg/d)	D
Clozapine (10-50 mg/d)	D
Haloperidol (initially 0.5 mg/d, max. 3 mg/d)	D
BPSD: RESTLESSNESS, AGITATION, (AGGRESSIVENESS)	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Trazodone (50-200 mg/d)	C
Risperidone (initially 0,5-1 mg/d, Maximum 3 mg/d)	C
Quetiapine (25-200 mg/d)	C
Melperone (25-150 mg/d)	C
Pipamperone (20-120 mg/d)	C

Citalopram (10-30mg)	C
Clomethiazole (5-15 mg/d)	D
BPSD: SLEEP DISORDERS	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Slow-release melatonin (2-4 mg)	C
Tetracyclic antidepressant Mirtazapine (15-30mg)	C
Tricyclic antidepressant Doxepine (25-50 mg)	(C) D
Zopiclone (3,75-7,5 mg)	D
DEPRESSION Prophylaxis and therapy for patients with moderate to major depression	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
SSRIs (Selective Serotonin Reuptake Inhibitor)	
Sertraline	B

Escitalopram	B
Citalopram	B
Tricyclic antidepressant Nortriptyline	C
Tetracyclic antidepressant Mirtazapine	C
SNRIs (Serotonin-Noradrenalin Reuptake Inhibitors)	
Venlafaxine	C
Duloxetine	C
Monoamine oxidase A (MAO) inhibitor Moclobemide	C
Dopamine and norepinephrine reuptake inhibitor Bupropion	C
Vortioxetine	C
Quetiapine	C
Trazodone	C
Olanzapine	C
Benzodiazepines: General	D
Long-acting,	D
Short-acting	C

St. John's Wort	D
Agomelatine	D
Selective noradrenaline re-uptake inhibitor Reboxetine	D
BIPOLAR DISORDER	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Lithium	B
Quetiapine	B
Valproic acid	C
Lamotrigine	C
Carbamazepine	D

INSOMNIA / SLEEP DISORDERS	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Melatonin (slow-release)	B
ω1-Benzodiazepine agonists Zolpidem	C
Zaleplone	C
Non-benzodiazepine hypnotic Zopiclone	C
Butyrophenone derivative Pipamperone	C
Melperone	C
Tetracyclic antidepressant Mirtazapine	C
Tricyclic antidepressant Doxepine	(C) D
Benzodiazepines, e.g. Oxazepam (medium half- life)	D
Triazolam (very short half-life)	D

Sigma receptor agonist Opipramole	D
Antihistamine Diphenhydramine	D
CHRONIC PAIN	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Paracetamol (acetaminophen)	A
Metamizole	B
Opioids, e.g. Buprenorphine, oxycodone, hydromorphone	B
Tilidine/naloxone Oxycodone/naloxone	C
Morphine	C
SSRI (Selective Serotonin Reuptake Inhibitors) / SNRI (Serotonin- Norepinephrine-Reuptake Inhibitor), e.g. venlafaxine (only if absolutely necessary)	C

Antiepileptic agents (only for neuropathic pain)	
Pregabalin/gabapentin	C
Carbamazepine	D
Tricyclic antidepressant amitriptyline	D
NSAIDs (nonsteroidal anti-inflammatory drugs, for long-term use), e.g. naproxen	D
Cox-2 inhibitors, e.g. celecoxib	D
EPILEPSY	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Levetiracetam	B
Lamotrigine	B
Gabapentin	B
Topiramate	B
Lorazepam (emergency use)	B

Lorazepam (long-term use)	D
Pregabalin	C
Oxcarbazepine	C
Valproic acid	C
Eslicarbazepine	C
Lacosamide	C
Zonisamide	C
Carbamazepine	C
Diazepam (emergency use)	C
Diazepam (long-term use)	D
Midazolam (emergency use)	C
Midazolam (long-term use)	D
Phenytoin	D
Phenobarbital	D
Ethosuximide	D

PARKINSON'S DISEASE	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
L-DOPA	A
COMT (Catechol-O-Methyltransferase) Inhibitor entacapone	B
Dopamine agonists, e.g. Ropinirole	B
Pramipexole	B
Piribedil, quinagolide, rotigotine	B
MAO-B inhibitors	C
Rasagiline	
Selegiline	D
Bromocriptine, cabergoline	D
Glutamate antagonists	
Amantadine	D

Anticholinergics Biperidene	D
INCONTINENCE Drug therapy for urge incontinence	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Fesoterodine	B
Tolterodine	C
Trospium chloride	C
Extended-release Oxybutynin	C
Immediate-release Oxybutynin	D

	FORTA Class (original FORTA class in parentheses if different from consensus results)
GASTROINTESTINAL ILLNESSES/ CONCOMITANT THERAPY WITH NSAIDs	
Substance/group	
Proton pump inhibitors (PPI), only if absolutely necessary	B
H₂ receptor antagonists	C



Anemia	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
Substitution (iron, vitamin B12, folic acid in cases of deficiency)	A
Erythropoetin-stimulating agents (ESA) in patients with renal insufficiency	A
Iron substitution in patients with cardiac insufficiency Proof of iron deficiency	A
No proof of iron deficiency	B



ONCOLOGICAL DISEASES: SOLID TUMORS	FORTA Class (original FORTA class in parentheses if different from consensus results)
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INDICATION Substance/group	
BREAST CANCER Adjuvant therapy	
Hormone therapy, e.g. Tamoxifen	B
Aromatase inhibitors	B
Immunotherapy / "Targeted" therapy Trastuzumab	B
Chemotherapy, e.g. CMF (Combination: Cyclophosphamide, Methotrexate, 5-Fluorouracil)	C
AC/EC Regimen(Anthracycline/ Epirubicin, Cyclophosphamide)	C
BREAST CANCER Advanced Stage	
Hormone therapy, e.g. tamoxifen, aromatase inhibitors	B
Immunotherapy/Targeted Therapy Trastuzumab / lapatinib	B
Chemotherapy, e.g. anthracyclins, taxanes	C
VEGF (Vascular Endothelial Growth Factor) Inhibition Bevacizumab	(D) C

COLORECTAL CARCINOMA Adjuvant Therapy	
FOLFOX Regimen (Folinic acid, Fluorouracil, Oxaliplatin)	C
5-Fluorouracil based infusion regimen	C
Capecitabine	C
COLORECTAL CARCINOMA Advanced stage	
Chemotherapy FOLFOX (Folinic acid, Fluorouracil, Oxaliplatin)	C
VEGF (Vascular Endothelial Growth Factor) Inhibition Bevacizumab	C
EGFR (Epidermal-Growth-Factor-Receptor) Inhibition Cetuximab	C
Panitumumab	C
BRONCHIAL CARCINOMA Adjuvant therapy	
Adjuvant chemotherapy (Cisplatin-based)	C
BRONCHIAL CARCINOMA Advanced Stage	
Docetaxel	B
Vinorelbin	B
Primary combination therapy Cisplatin/gemcitabin, or cisplatin/vinorelbin	C
GASTRIC CANCER	

ECF Regime (Epirubicin, Cisplatin, 5-Fluorouracil)	B
ONCOLOGICAL DISEASES HEMATOLOGICAL NEOPLASIAS	FORTA Class (original FORTA class in parentheses if different from consensus results)
INDICATION Substance/group	
MDS (Myelodysplastic syndrome) Azacytidine	B
AML (Acute myeloid leukemia) Anthracyclines + cytosine arabinoside (cytarabine)	B
CLL (Chronic lymphatic leukemia) Chlorambucil, Fludarabin, Bendamustin	B
CLL Obinutuzumab	B
CLL Rituximab	B
Multiple myeloma Primary therapy with Prednisolone	B
Thalidomide	B
Melphalan	B

Bortezomib	B
Lenalidomide	B
CLL Ibrutinib	C
CLL Idelalisib	C
ONCOLOGICAL SUPPORTIVE THERAPY	FORTA Class (original FORTA class in parentheses if different from consensus results)
Substance/group	
G-CSF (Granulocyte Colony Stimulation Factor)	A
Antiemetic agents (e.g. 5-HT receptor inhibitors)	A
Erythropoiesis Stimulating Agents, ESA	B

*This substance or indication was suggested by the participating experts during the course of Round 1 and evaluated by the experts during Round 2, see second table below.

R1= Round 1

R2= Round 2

Delphi Expert Consensus Validation 2015⁵



NEW SUBSTANCES/INDICATIONS SUGGESTED BY EXPERTS Results to be corroborated in future consensus/research projects

Classification of long-term medications†
for the pharmacotherapy of older patients
by indication/diagnosis, ranked according to FORTA classification

(†long-term defined as > 4 weeks. Please note that the distinction between acute/chronic may not always be clear-cut; exceptions are noted)

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EXISTING INDICATION ARTERIAL HYPERTENSION	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Substance/group	
Atenolol	D
EXISTING INDICATION ACUTE CORONARY SYNDROME	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Substance/group	

Molsidomine	D
EXISTING INDICATION BPSD: PARANOIA, HALLUCINATION	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Substance/group	
Olanzapine	C
EXISTING INDICATION BPSD: SLEEP DISORDERS	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Substance/group	
Trazodone	C
EXISTING INDICATION INCONTINENCE	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Substance/group	

Duloxetine	C
NEW INDICATION NAUSEA AND VOMITING	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Substance/group	
Metoclopramide	C
Dimenhydrinate	C
Domperidone	C
NEW INDICATION OBSTIPATION	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Substance/group	
Macrogol	B
Lactulose	B
Prucalopride	C

NEW INDICATION HYPOTHYROIDISM	Rater-based FORTA Class (bold if: $\kappa > 0.500$, rater number ≥ 10 and label distance < 2)
Stoffklasse/Substanz	
L-Thyroxine (if the TSH level is kept between 4-8 mU/l)	A

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