

Therapeutic Interchange Program and Prescription Interpretations at Vancouver Community of Care (includes VGH, UBCH, GFS, VC)

Red text denotes V P&T approved TIP or Pharmacist Authority for Clinical or Dispensary Pharmacists)

The following interchanges have been implemented to ensure rational use of select drugs, to decrease drug expenditures, and to allow interpretation of orders when the strength or dosage form is not indicated or not available. In exceptional clinical situations, the physician may override the interchange by writing "Do not substitute". This list pertains to adult patients only, unless otherwise specified.

ADULT PATIENTS:		
Drug ordered	Drug Supplied	Exceptions
acetaminophen suppository	Acetaminophen 650 mg suppository Comment: No strength indicated	V P&T May 23, 2013
acetaminophen tablet	Acetaminophen 325 mg tablet Comment: No strength indicated	V P&T May 23, 2013
aledronate 70 mg once weekly	If on prior to admission, dose given 7 days from date order is written Comment: New starts in hospital excluded	V P&T June 27 2013
aluminum hydroxide + magnesium hydroxide (ALMAGEL, DIOVOL, MAALOX)	aluminum hydroxide + magnesium hydroxide + simethicone (ALMAGEL PLUS, DIOVOL PLUS, MAALOX PLUS)	V P&T September 26, 2013 APPROVED PHARMACIST AUTHORITY (CLINICAL & DISPENSARY)
ampicillin PO TID or QID	amoxicillin (same dose) PO TID	
anidulafungin	micafungin 100 mg IV daily	
artificial eye lubricant drops	Artificial tear drop with preservative; same number of drops and frequency If preservative-free drop is ordered, preservative-free will be supplied	
artificial eye lubricant ointment	Eye lubricant ointment with preservative at same frequency If preservative-free ointment is ordered, preservative-free will be supplied	
azilsartan	candesartan See Table 12	
ASA suppository	ASA 650 mg suppository Comment: No strength indicated	V P&T May 23, 2013
ASA tablet	ASA 325 mg tablet Comment: No strength indicated	V P&T May 23, 2013
beclomethasone dipropionate INHALER 100 mcg / puff (QVAR®)	fluticasone INHALER 125 mcg / puff (same number of puffs and frequency)	Exception: Patients on Highly Active Anti-retroviral Therapy (HAART)
benazapril	trandolapril See Table 10	
bimatoprost 0.01% and 0.03% drops (LUMIGAN RC, LUMIGAN)	latanoprost 0.005% drops (same number of drops and frequency)	
bowel protocol	Bowel protocol appropriate for specific nursing unit	V P&T May 23, 2013
budesonide turbuhaler (no dose specified)	budesonide 200 mcg turbuhaler	V P&T April 25, 2013
budesonide nasal spray (RHINOCORT AQ, RHINOCORT TURBUHALER)	beclomethasone aqueous nasal spray See Table 3	
casprofungin	micafungin 100 mg IV daily	
cefaCLOR capsule PO TID	cefUROXime axetil tablet (same dose) PO BID	
ceFAZolin less than or equal to Q6H dosing interval	cefazolin Q8H Comment: Dose per interval same	V P&T February 28, 2013
cefOXITIN IV	ceFAZolin (same dose) + metronidazole 500mg IV If the ordered interval is less than or equal	Exceptions: obstetric/gynecological infections OR <i>Mycobacterium abscessus</i>

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Drug ordered	Drug Supplied	Exceptions
	to Q8H (eg. Q4H or Q6H), the interval supplied will be Q8H. If the ordered interval is greater than Q8H (eg. Q12H), the ordered interval will be supplied. (eg. cefOXITIN 1 g IV Q6H = ceFAZolin 1 g IV + metronidazole 500 mg IV Q8H)	infections
cetirizine PO	loratadine 10 mg PO daily	
ciclesonide inhaler	fluticasone See Table 2	Exceptions: Patients on Highly Active Anti-retroviral Therapy (HAART)
ciclesonide nasal spray	beclomethasone aqueous nasal spray See Table 3	
cilazapril	trandolapril See Table 10	
cimetidine PO	ranitidine 150 mg PO BID	Exception: if CrCl less than 50 mL/min, an adjustment of the dose is recommended
ciprofloxacin 500 mg IV	ciprofloxacin 400 mg IV	V P&T February 28, 2013
clarithromycin tablet 250 mg regular release PO BID 500 mg regular release PO BID	500 mg XL tablet PO DAILY 1000 mg XL tablet PO DAILY Comment: Do not use interchange if via NG route/dysphagia.	V P&T June 27, 2013
clindamycin IV/IM/PO Q6H or less	clindamycin (same dose) IV/IM/PO Q8H. Exception: toxoplasmosis dosing	V P&T February 28, 2013
clotrimazole vaginal tablet/insert (any strength)	clotrimazole vaginal insert 200 mg PV HS x 3 days and clotrimazole 1% cream to vaginal area PRN See Table 9	
clotrimazole vaginal cream (any strength)	clotrimazole vaginal cream 1%; 1 applicatorful PV HS x 6 days See Table 9	
colchicine 0.5 mg	colchicine 0.6 mg Comment: strength not available	V P&T June 27, 2013
corticosteroids, topical	See Table 8	
desloratadine PO	loratadine 10 mg PO daily	
dexlansoprazole	See Table 7	
enalapril maleate enalapril sodium	trandolapril See Table 10	
eprosartan	candesartan See Table 12	
dextran 40	dextran 40 in Normal Saline Comment: No diluent specified	V P&T May 23, 2013
diltiazem once daily	diltiazem CD Comment: Formulation not stated; excludes Tiazac XC ®	V P&T June 27, 2013
diltiazem CD for NG use	diltiazem regular release tablets Comment: See Therapeutic Interchange for specific conversions	V P&T June 27, 2013
docusate capsule	docusate 100 mg Comment: No strength indicated	V P&T June 27, 2013
esomeprazole	See Table 7	Exception: NG use or dysphagia patients

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Drug ordered	Drug Supplied	Exceptions
etidronate and calcium (DIDROCAL)	Acute care: TIP to cycle of calcium elemental 500 mg PO daily for 76 days then etidronate 400 mg PO daily for 14 days	Exception: Didrocal Kits are restricted to residential care
famotidine	ranitidine 150 mg PO BID, or ranitidine 50 mg IV Q8H	Exception: if CrCl less than 50 mL/min, an adjustment of the dose is recommended
felodipine	amLODipine See Table 6	
fenofibrate	See Table 4	
FERAMAX (polysaccharide iron complex) 150 mg	ferrous fumarate 300 mg (100 mg Fe++) Comment: Same number of tablets and interval.	V P&T May 23, 2013 APPROVED PHARMACIST AUTHORITY (CLINICAL & DISPENSARY)
ferrous gluconate tablet	ferrous gluconate 300 mg Comments: No strength indicated	V P&T April 25, 2013
ferrous sulphate tablet	ferrous sulphate 300 mg Comments: No strength indicated	V P&T April 25, 2013
fexofenadine PO	loratadine 10 mg PO daily	
fleet enema	sodium phosphate enema	V P&T May 23, 2013
flunisolide nasal spray (RHINALAR)	beclomethasone aqueous nasal spray See Table 3	
flurazepam HS dosing	temazepam (same dose) at HS See Table 1	
fluticasone propionate (FLONASE) or fluticasone furoate (AVAMYS) nasal spray	beclomethasone aqueous nasal spray See Table 3	
fluticasone inhaler (FLOVENT)	Restricted to doses greater than 250 mcg.	V P&T April 25, 2013
fluvastatin	atorvastatin See Table 5	Exception: HIV/AIDS patients with HAART (highly active anti-retroviral therapy)
fosinopril	trandolapril See Table 10	
framycetin dressing	bactigras dressing (same frequency)	Note: Stores Item
gatifloxacin ophthalmic drops	moxifloxacin ophthalmic drops (same number of drops and frequency)	
glysennid tablets	glysennid 12 mg Comment: no strength indicated	V P&T May 23, 2013
imipenem IV 500 mg Q6H 500 mg Q8H 500 mg Q12H	meropenem IV 500 mg Q6H 500 mg Q8H 500 mg Q12H (dialysis = 1000 mg Q24H)	Exception: meningitis cystic fibrosis V P&T/ASPIRES May 23, 2013 (APPROVED PHARMACIST AUTHORITY CLINICAL AND DISPENSARY)
insulin glulisine	insulin lispro (same number of units and frequency)	
insulin aspart	insulin lispro (same number of units and frequency)	
irbesartan	candesartan See Table 12	
iron polysaccharide complex	see FERAMAX (polysaccharide iron complex)	
ketorolac 10 mg PO	ibuprofen 400 mg PO (same frequency)	

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ADULT PATIENTS:		
Drug ordered	Drug Supplied	Exceptions
lansoprazole	See Table 7	Exception: pediatric patients
lisinopril	trandolapril See Table 10	
lorazepam oral tablets	lorazepam sublingual tablets Comment: Dose per interval the same	V P&T June 27, 2013
lovastatin	atorvastatin See Table 5	Exception: HIV/AIDS patients with HAART (highly active anti-retroviral therapy)
magnesium hydroxide and mineral oil (MAGNOLAX)	milk of magnesia (same dose and frequency)	
magnesium sulfate IV less than or equal to 2.5 g greater than 2.5 g	magnesium sulfate IV 2 g in 50 mL D5W 5 g in 100 mL D5W Comment: D5W default solution if not specified.	Exception: BMT Daycare, MDCU, OR, CSICU, Hematology Apheresis /Cell Separator Unit (HAU/CSU) V P&T April 25, 2013
methylcellulose ophthalmic drops	methylcellulose 1% ophthalmic drops Comment: same number of drops and frequency.	V P&T May 23, 2013 APPROVED PHARMACIST AUTHORITY (CLINICAL & DISPENSARY)
miconazole 2% topical cream	clotrimazole 1% topical cream (same frequency)	
miconazole vaginal suppository (any strength)	clotrimazole vaginal insert 200 mg PV HS x 3 days and clotrimazole 1% cream to vaginal area PRN See Table 9	
miconazole vaginal cream (any strength)	clotrimazole vaginal cream 1%; 1 applicatorful PV HS x 6 days See Table 9	
mometasone furoate powder for inhalation (Asmanex Twisthaler)	fluticasone inhaler See Table 2	Exception: HIV/AIDS patients on Highly Active Anti-retroviral Therapy (HAART)
mometasone furoate monohydrate nasal spray (NASONEX)	beclomethasone aqueous nasal spray See Table 3	Exception: mometasone furoate monohydrate (Nasonex) is used for children aged 3 to 12 years
moxifloxacin ophthalmic drops	ofloxacin ophthalmic drops (same number of drops and frequency)	
Multivite tablet (vitamins without minerals)	CENTRUM Forte OR CENTRUM Select Chewable (Banfield, Residential Care Units) Comment: Same interval unless "no substitution is written"	V P&T September 26, 2013 APPROVED PHARMACIST AUTHORITY (CLINICAL & DISPENSARY)
neomycin+polymyxin+hydrocortisone otic drops (CORTISPORIN, CORTIMYXIN)	neomycin+polymyxin+dexamethasone ophthalmic drops (MAXITROL) (same number of drops and frequency)	
niFEDdipine PRN	niFEDipine regular	V P&T May 23, 2013
niFEDipine XL	amLODipine See Table 6	Exception: obstetric indications
nitrazepam HS dosing	temazepam 15 mg for each 5 mg nitrazepam See Table 1	
nitroglycerin patch Daily or AM to HS Bedtime or HS to AM	nitroglycerin patch times: 0800 to 2000 2000 to 0800 Comment: If no time specified	V P&T April 25, 2013

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ADULT PATIENTS:		
Drug ordered	Drug Supplied	Exceptions
nitroglycerin sublingual tablets 0.3 mg sublingual; 0.6 mg sublingual	nitroglycerin sublingual spray 0.4 mg (1 spray) sublingually; 0.8 mg (2 sprays) sublingually	
nizatidine	ranitidine 150 mg PO BID	Exception: if CrCl less than 50 mL/min, an adjustment of the dose is recommended
nystatin vaginal cream (any strength)	clotrimazole vaginal cream 1%; 1 applicatorful PV HS x 6 days See Table 9	
nystatin vaginal suppository (any strength)	clotrimazole vaginal insert 200 mg PV HS x 3 days and clotrimazole 1% cream to vaginal area PRN See Table 9	
ofloxacin ophthalmic drops	moxifloxacin ophthalmic drops (same number of drops and frequency)	
olmesartan	candesartan See Table 12	
omeprazole	See Table 7	Exception: pregnancy OR breastfeeding
pantoprazole PO	See Table 7	
penicillin G 500,000 units PO	penicillin V 300 mg PO (same frequency)	
penicillin V potassium 250 mg	penicillin V 300 mg	V P&T February 28, 2013
potassium chloride (intermittent) less than 10 mEq 10 to 30 mEq 31 to 50 mEq 51 to 60 mEq	potassium chloride (intermittent) 0 mEq 20 mEq/50 mL premixed minibag OR 20 mEq/250 to 500 mL 2 x 20 mEq/50 mL premixed minibag OR 40 mEq/250-500 mL 60 mEq/500 mL Comment: Sterile water for 50 mL minibags; NS or D5W for 250 to 500 mL bags (MD to be called if other diluents ordered)	V P&T April 25, 2013
potassium chloride CIVI less than 10 mEq/L 10 to 30 mEq/L 31 to 50 mEq/L 51 to 60 mEq/L	potassium chloride CIVI 0 mEq/L 20 mEq/L premix bag 40mEq/L premix bag 60 mEq/L Comment: Concentrations greater than or equal to 60 mEq/L prepared by pharmacy	V P&T April 25, 2013
quinine 200 mg	quinine 300 mg Comment: Strength not available	V P&T February 28, 2013
quinAPRIL	trandolapril See Table 10	
rabeprazole	See Table 7	
saxagliptin	linagliptin 5 mg PO See Table 11	
sitagliptin	linagliptin 5 mg PO See Table 11	
simvastatin	atorvastatin See Table 5	Exception: HIV/AIDS patients with HAART (highly active anti-retroviral therapy)
telmisartan	candesartan See Table 12	
sodium bicarbonate 300 mg tablets	sodium bicarbonate 325 mg tablets	V P&T June 27, 2013

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ADULT PATIENTS:		
Drug ordered	Drug Supplied	Exceptions
TPN with ranitidine, multivitamins, thiamine, or folic acid	Duplicate IV or PO orders discontinued	V P&T June 27, 2013
travoprost 0.004% drops (TRAVATAN, TRAVATAN-Z)	latanoprost 0.005% drops (same number of drops and frequency)	
triamcinolone acetonide nasal spray (NASACORT AQ)	beclomethasone aqueous nasal spray See Table 3	
triazolam HS dosing	temazepam 15 mg HS for each 0.125 mg triazolam See Table 1	
tuberculin PPD Skin Test	PPD 5 TU intradermally Comment :No strength indicated	V P&T April 25, 2013
TYLENOL Extra Strength	1-1/2 TYLENOL regular strength Comment: Extra strength (not stocked)	V P&T May 23, 2013
TYLENOL #3 oral liquid or equivalent	acetaminophen liquid AND mg codeine syrup Comment: same dose and frequency	V P&T May 23, 2013
valproic acid tablets	divalproex Comment: Dose per interval same	V P&T May 23, 2013 APPROVED PHARMACIST AUTHORITY (CLINICAL & DISPENSARY)
vitamin B complex IV	Multi-1000 IV	
Vitamins, multiple tablets ordered as CENTRUM Forte or CENTRUM Junior Complete	CENTRUM FORTE or CENTRUM Select chewable (Banfield, ECU)	V P&T June 27, 2013
xylometazoline nasal solution (OTRIVIN)	xylometazoline 0.1% nasal solution Comment: no strength indicated	V P&T April 25, 2013

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Therapeutic Interchange Program Tables

Table 1:
Benzodiazepines for HS sedation:

Benzodiazepines for HS sedation	
DRUG ORDERED	DRUG DISPENSED
flurazepam 15 mg PO QHS triazolam 0.125 mg PO QHS nitrazepam 5 mg PO QHS	temazepam 15 mg PO QHS
flurazepam 30 mg PO QHS triazolam 0.25 mg PO QHS nitrazepam 10 mg PO QHS	temazepam 30 mg PO QHS

Other benzodiazepines available; check Formulary listing.

Table 2:
Inhaled Corticosteroids:

Inhaled Corticosteroid Therapeutic Interchange	
DRUG ORDERED	DRUG DISPENSED
beclomethasone dipropionate (QVAR®) 100 mcg	fluticasone 125 mcg (same number of puffs and frequency)
ciclesonide 200 mcg inhaled once daily	fluticasone 125 mcg inhaled BID
ciclesonide 400 mcg inhaled once daily	fluticasone 250 mcg inhaled BID
ciclesonide 400 mcg inhaled BID	fluticasone 500 mcg inhaled BID
mometasone 200 mcg inhaled BID OR 400 mcg inhaled once daily	fluticasone 250 mcg inhaled BID
mometasone 400 mcg inhaled BID	fluticasone 500 mcg inhaled BID

Exception: Patients on Highly Active Anti-retroviral Therapy (HAART)

Table 3:
Nasal Corticosteroids:

Nasal Corticosteroid Therapeutic Interchange	
DRUG ORDERED	DRUG DISPENSED
budesonide nasal spray (RHINOCORT AQ, RHINOCORT TURBUHALER)	beclomethasone aqueous 50 mcg equivalent number of sprays (1:1) twice daily
ciclesonide nasal spray (OMNARIS)	
flunisolide nasal solution (RHINILAR)	
fluticasone propionate nasal spray (FLONASE)	
fluticasone furoate nasal spray (AVAMYS)	
mometasone furoate monohydrate nasal spray (NASONEX)	
triamcinolone acetonide nasal spray (NASACORT AQ)	

Exception: mometasone furoate monohydrate (NASONEX) is used for children aged 3 to 12 years

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Table 4:
Fenofibrates:

Fenofibrates Therapeutic Interchange	
DRUG ORDERED	DRUG DISPENSED
fenofibrate regular release	As ordered
fenofibrate micronized (Lipidil Micro)	As ordered
fenofibrate microcoated 100 mg PO daily (Lipidil Supra or Apo Feno Super)	fenofibrate micronized 134 mg PO daily (Lipidil Micro)
fenofibrate microcoated 160 mg PO daily (Lipidil Supra or Apo Feno Super)	fenofibrate micronized 200 mg PO daily (Lipidil Micro)
fenofibrate nanocrystals 48 mg PO daily (Lipidil EZ)	fenofibrate micronized 67 mg PO daily (Lipidil Micro)
fenofibrate nanocrystals 145 mg PO daily (Lipidil EZ)	fenofibrate micronized 200 mg PO daily (Lipidil Micro)

Table 5:
HMG co-A Reductase Inhibitors (statins):

DRUG ORDERED (TOTAL DAILY DOSE)			DRUG DISPENSED
fluvastatin	lovastatin	simvastatin	atorvastatin
20 mg	10 mg	5 mg	10 mg PO daily
40 mg	20 mg	10 mg	10 mg PO daily
80 mg	40 mg	20 mg	10 mg PO daily
-	80 mg	40 mg	20 mg PO daily
-	-	80 mg	40 mg PO daily

Exception: HIV/AIDS patients with HAART (highly active anti-retroviral therapy).

Table 6:
Calcium Channel Blockers:

Calcium Channel Blockers Equivalent Doses (at same interval as original order)	
DRUG ORDERED	DRUG DISPENSED
niFEDipine XL ¹ 20 mg	amLODipine 2.5 mg
niFEDipine XL ¹ 30 mg and 40 mg	amLODipine 5 mg
niFEDipine XL ¹ 60 mg and 90 mg	amLODipine 10 mg
felodipine 2.5 mg	amLODipine 2.5 mg
felodipine 5 mg	amLODipine 5 mg
felodipine 10 mg	amLODipine 10 mg

¹Do NOT substitute niFEDipine XL in pregnancy. niFEDipine XL remains on formulary for Obstetric indications
Call prescriber for any doses that fall outside this interchange.
(max recommended daily dose of amLODipine is 10 mg)

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Table 7:

Proton Pump Inhibitors (PPIs):

Proton Pump Inhibitor Equivalent Doses	
DRUG ORDERED	DRUG DISPENSED
PO orders	
dexlansoprazole 30 mg	pantoprazole 20 mg PO (at same interval as original order)
esomeprazole 20 mg	
lansoprazole 15 mg	
omeprazole 10 mg	
rabeprazole 10 mg	
dexlansoprazole 60 mg	pantoprazole 40 mg PO (at same interval as original order)
esomeprazole 40 mg	
lansoprazole 30 mg	
omeprazole 20 mg	
rabeprazole 20 mg	

NG orders or dysphagia patients*	
dexlansoprazole 30 mg	esomeprazole 20 mg NG/PO (at same interval as original order)
lansoprazole 15 mg	
omeprazole 10 mg	
pantoprazole 20 mg	
rabeprazole 10 mg	
dexlansoprazole 60 mg	**esomeprazole 40 mg NG/PO DAILY
lansoprazole 30 mg or 60 mg	
omeprazole 20 mg or 40 mg	
pantoprazole 40 mg or 80 mg	
rabeprazole 20 mg or 40 mg	

* Exceptions: NG orders for *Helicobacter pylori* are exempt from this interchange and should be interchanged to esomeprazole 20 mg NG/PO BID.

** Daily maximum esomeprazole dose for this interchange is 40 mg except for Zollinger-Ellison Syndrome

Call prescriber for any doses that fall outside this interchange.

Pediatric, pregnant and breastfeeding patients are exempt from this interchange. Lansoprazole or omeprazole may be used for pediatric patients. Omeprazole may be used for pregnant or breastfeeding patients.

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Table 8:

Topical Corticosteroids

- The dosage form (eg. cream, ointment, lotion) that is ordered will be dispensed.
- If a dosage form is not specified, the cream will be supplied.
- This interchange also applies to the topical corticosteroid component of a compounded combination order.
- If betamethasone valerate is ordered with no strength, 0.1% will be supplied.
- If hydrocortisone is ordered with no strength, 1% will be supplied.

This interchange does not apply to mucous membrane agents (for example triamcinolone 0.1% dental paste – ORACORT)

POTENCY	DRUG ORDERED	DRUG DISPENSED
VERY POTENT	betamethasone dipropionate Glycol 0.05% (DIPROLENE TOPILENE)	clobetasol propionate 0.05%
	clobetasol propionate 0.05% (DERMOVATE)	clobetasol propionate 0.05%
	halobetasol propionate 0.05% (ULTRAVATE)	clobetasol propionate 0.05%
POTENT	amcinonide 0.1% (CYCLOCORT)	betamethasone valerate 0.1%
	betamethasone dipropionate 0.05% (DIPROSONE, TOPISONE)	betamethasone valerate 0.1%
	desoximetasone 0.05%, 0.25% (TOPICORT)	betamethasone valerate 0.1%
	fluocinonide 0.01%, 0.05% (LIDEMOL, LIDEX, LYDERM, TOPSYN)	betamethasone valerate 0.1%
MODERATELY POTENT	betamethasone dipropionate 0.025% (PROPADERM)	betamethasone valerate 0.1%
	betamethasone valerate 0.05%, 0.1% (BETNOVATE)	betamethasone valerate 0.1%
	clobetasone butyrate 0.05% (EUMOVATE)	betamethasone valerate 0.1%
	diflucortolone valerate 0.1% (NERISONE)	betamethasone valerate 0.1%
	fluocinolone acetonide 0.01%, 0.025%, (SYNALAR, SYNAMOL, FLUODERM)	betamethasone valerate 0.1%
	hydrocortisone valerate 0.2% (WESTCORT)	betamethasone valerate 0.1%
	mometasone furoate 0.1% (ELOCOM)	betamethasone valerate 0.1%
	prednicarbate 0.1% (DERMATOP)	betamethasone valerate 0.1%
	triamcinolone acetonide 0.05%, 0.1% (ARISTOCORT, KENALOG, TRIDERM)	betamethasone valerate 0.1%
	triamcinolone acetonide 0.5% (ARISTOCORT C)	betamethasone valerate 0.1%
WEAK	desonide 0.05% (TRIDESILON, DESOCORT)	hydrocortisone 1%
	hydrocortisone 0.5%, 1%	hydrocortisone 1%
	hydrocortisone 1% to 2.5% (CORTATE)	hydrocortisone 1%
	hydrocortisone acetate 1% (HYDERM)	hydrocortisone 1%

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Table 9:
Topical antifungals (vaginal):

Topical antifungals (vaginal)	
DRUG ORDERED	DRUG DISPENSED
clotrimazole vaginal cream (any strength)	clotrimazole vaginal cream 1%; 1 applicatorful PV HS x 6 days
miconazole vaginal cream (any strength)	
nystatin vaginal cream (any strength)	
clotrimazole vaginal tablet/insert (any strength)	clotrimazole vaginal insert 200 mg PV HS x 3 days and clotrimazole 1% cream to vaginal area PRN
miconazole vaginal suppository (any strength)	
nystatin vaginal suppository (any strength)	

Table 10:
Angiotensin Converting Enzyme (ACE) Inhibitors:

ACE Inhibitor Equivalent Doses	
Drug	Dose*
benazapril (LOTENSIN)	10 mg
captopril (CAPOTEN)	No substitution
cilazapril (INHIBACE)	2.5 mg
enalapril maleate (VASOTEC)	5 mg
enalapril sodium	4 mg
fosinopril (MONOPRIL)	10 mg
lisinopril (PRINIVIL, ZESTRIL)	10 mg
perindopril (COVERSYL)	No substitution
quinAPRIL (ACCUPRIL)	10 mg
ramipril (ALTACE)	No substitution
trandolapril (MAVIK)	1 mg

(*The total daily dose of the original ACE inhibitor order will be used to calculate an equivalent trandolapril dose for once daily administration.)

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Table 11:
Gliptins (dipeptidyl peptidase-4 (DDP-4) inhibitors):

DDP-4 inhibitor (or combination)	Linagliptin dose (plus metformin if combination)
DRUG ORDERED	DRUG DISPENSED
sitagliptin 25 mg, 50 mg, 100 mg	linagliptin 5mg PO once daily
sitagliptin-metformin 50-500 mg 50-850 mg 50-1000 mg	linagliptin 5mg PO once daily with same dose and frequency of metformin
sitagliptin-metformin XR 50-500 mg	linagliptin 5 mg PO once daily with metformin 500 mg once daily
sitagliptin-metformin XR 50-1000 mg 100-1000 mg	linagliptin 5mg PO once daily with metformin 500mg twice daily
saxagliptin 2.5 mg, 5mg	linagliptin 5mg PO once daily
saxagliptin-metformin 2.5-500 mg 2.5-850 mg 2.5-1000 mg	linagliptin 5mg PO once daily with same dose and frequency of metformin

Table 12:
Angiotensin Receptor Blockers (ARBs):

<i>Angiotensin Receptor Blocker Equivalent doses</i>				
<i>Drug</i>	<i>Dose (in mg)</i>			
azilsartan (Edarbi)	n/a	40	80	
candesartan (Atacand)	4	8	16	32
eprosartan (Teveten)	400	600	800	
irbesartan (Avapro)	75	150	300	
losartan (Cozaar)	25	50	100	
olmesartan (Olmotec)	10	20	40	
telmisartan (Micardis)	20	40	80	
valsartan (Diovan)	40	80	160	320

Therapeutic Interchange Program and Prescription Interpretations at Vancouver

Community of Care (includes VGH, UBCH, GFS, VC)

Red text denotes V P&T approved TIP or Pharmacist Authority for Clinical or Dispensary Pharmacists)

This list does not apply to neonates.

PEDIATRIC PATIENTS:		
Drug ordered	Drug Supplied	Exceptions
anidulafungin	casprofungin 70 mg/m ² loading dose (up to max dose of 70 mg), followed by 50 mg/m ² IV daily (up to max dose of 50 mg)	
casprofungin (any dose)	casprofungin 70 mg/m ² loading dose (up to max dose of 70 mg), followed by 50 mg/m ² IV daily (up to max dose of 50 mg)	
desloratadine PO	loratadine PO daily (dose will be based on weight/age)	
fexofenadine PO	loratadine PO daily (dose will be based on weight/age)	
micalfungin	casprofungin 70 mg/m ² loading dose (up to max dose of 70 mg), followed by 50 mg/m ² IV daily (up to max dose of 50 mg)	