



Reference Number: CLI.6010.PL.016.SD.01
 POLICY: Medication Automatic Substitution List (Acute Care Adult)
 Issuing Authority: Regional Pharmacy & Therapeutics Committee
 Issue Date: May 25 2017
 Revision Date: December 5 2024

ANALGESICS	
Prescriber's Order	Therapeutic Substitution
ketorolac 10 mg PO	ibuprofen 400 mg po (same interval)
naproxen sodium 220 mg (Aleve)	naproxen 250 mg
naproxen sodium 275 mg (Anaprox)	

ANTACID LIQUID	
Prescriber's Order	Therapeutic Substitution
magnesium hydroxide/aluminum hydroxide combination oral liquids with or without simethicone	lowest cost alternative at equivalent dose with or without simethicone i.e. Almagel

ANTIBIOTICS	
Prescriber's Order	Therapeutic Substitution
aminoglycosides (gentamicin and tobramycin)	To the nearest standard dose (multiple of 20 mg).
amoxicillin/clavulanate 850 mg PO	amoxicillin/clavulanate 875 mg PO
ampicillin oral Q8H, Q6H, QID	amoxicillin PO Q8H
azithromycin 250 mg IV daily	azithromycin 500 mg IV daily
cefazolin 1 gram IV q6h	cefazolin 1 gram IV q8h
cefotaxime 1 gram IV Q8H or 2 grams IV Q8H (exception ID consult/pediatric sepsis)	ceftriaxone 1 gram IV daily or 2 grams IV daily
ciprofloxacin IV 200 mg IV Q12H (in renal insufficiency) ciprofloxacin 500 mg IV Q12H	ciprofloxacin 400 mg IV Q24H ciprofloxacin 400 mg IV Q12H
ciprofloxacin 400 mg PO	ciprofloxacin 500 mg PO
clindamycin IV 300 mg to 600 mg Q6-8H	clindamycin 600 mg IV Q8H
cotrimoxazole oral suspension (sulfamethoxazole-trimethoprim 40 mg-8 mg/mL) - WHEN UNAVAILABLE	dissolve-a-dose using 1 cotrimoxazole SS tablet in 10 mL of water (40 mg-8 mg/mL solution). Shake well. BUD: 1 hour
nitrofurantoin (all orders EXCEPT for feeding tube or crush)	lowest cost generic equivalent of MacroBID 100 mg Q12H
MacroBID 100 mg BID (crush or feeding tube)	nitrofurantoin 50 mg Q6H NG/crush

levofloxacin IV and PO 250 mg Q12H	levofloxacin 500 mg Q24H
metroNIDAZOLE IV all doses Q6H	metroNIDAZOLE IV Q8H
moxifloxacin 500 mg IV or PO	moxifloxacin 400 mg IV or PO daily
nystatin oral suspension (individual) doses less than 500,000 units	nystatin oral suspension 500,000 Units

ANTIFUNGAL: VAGINAL	
Prescriber's Order	Therapeutic Substitution
clotrimazole vaginal inserts (any duration)	clotrimazole 2% vaginal cream x 3 days
clotrimazole 1% vaginal cream	
miconazole vaginal inserts (any duration)	
miconazole 2% vaginal cream	
nystatin vaginal inserts	
nystatin vaginal cream	

ANTIFUNGAL: TOPICAL	
Prescriber's Order	Therapeutic Substitution
miconazole topical cream	clotrimazole 1% topical cream
ketoconazole topical cream	
tolnaftate topical cream	

ANTI-HISTAMINES	
Prescriber's Order	Therapeutic Substitution
desloratadine 5mg daily	cetirizine 10mg daily
fexofenadine 60mg BID	
fexofenadine 120mg daily	
loratadine 10mg daily	

ANTIVIRAL	
Prescriber's Order	Therapeutic Substitution
acyclovir 200mg 5x/day	valACYclovir 1000 mg BID
famciclovir 125 mg or 250 mg BID	
acyclovir 800mg 5x/day	valACYclovir 1000 mg TID
famciclovir 500 mg TID	

*For patients with CrCl less than 30mL/min dosage adjustment may be required, consult pharmacy

BENZODIAZEPINES	
Prescriber's Order	Therapeutic Substitution
lorazepam PO/sublingual	lorazepam PO tab (with instructions to use orally or sublingually)

BISPHOSPHONATES: ORAL	
Prescriber's Order	Therapeutic Substitution
risedronate 5mg daily	alendronate 10mg daily
risedronate 35mg weekly	alendronate 70mg weekly

DILTIAZEM	
Prescriber's Order	Therapeutic Substitution
tiazac / tiazac XC 120mg daily	diltiazem 120mg CD daily
diltiazem 60mg SR BID	
tiazac / tiazac XC 180mg daily	diltiazem 180mg CD daily
diltiazem 90mg SR BID	
tiazac / tiazac XC 240mg daily	diltiazem 240mg CD daily
diltiazem 120mg SR BID	
tiazac / tiazac XC 300mg daily	diltiazem 300mg CD daily

EENT PRODUCTS	
Prescriber's Order	Therapeutic Substitution
<p><i>Non-formulary combination or single ingredient eye products:</i> Orders for combination non-formulary eye products where none of the ingredients are listed on the formulary: patients to use their own supply. If patient supply is not available, the combination product may be brought in and dispensed.</p> <p>Orders for single ingredient non-formulary eye products: patients to use their own supply. If patient supply is not available, a formulary alternative should be recommended where possible.</p>	
artificial tears of all forms and strengths (including when no specified strength) e.g. Isopto Tears, Tears Plus	lowest cost alternative
azarga eye drops Q12H	brinzolamide 1% & timolol 0.5% eye drops Q12H
betaxolol 0.5% eye drops	betaxolol 0.25% eye drops Q12H
cipro HC otic drops	ciprofloxacin 0.3% + dexamethasone 0.1% otic drops (Ciprodex) Instill 4 drops BID
combigan eye drops Q12H	brimonidine 0.2% & timolol 0.5% eye drops Q12H
cosopt eye drops Q12H	dorzolamide 2% & timolol 0.5% eye drops Q12H
duotrav eye drops daily	travoprost 0.004% eye drops hs and timolol 0.5% eye drops am
simbrinza eye drops Q12H	brinzolamide 1% & brimonidine 0.2% eye drops Q12H
timolol XE eye drops 0.25% daily	timolol 0.25% eye drops BID
timolol XE eye drops 0.5% daily	timolol 0.5% eye drops BID
tobradex eye drops	tobramycin 0.3% & dexamethasone 0.1% eye drops
xalacom eye drops hs	latanoprost 0.005% hs & timolol 0.5% am eye drops

beclomethasone (Beclonase) 50 mcg/spray	nasal spray mometasone (Nasonex) 50mcg/spray at equivalent schedule
budesonide (Rhinocort) 64mcg/spray	
ciclesonide (Omnaris) 50mcg/spray	
flunisolide (Rhinalar) 25mcg/spray	
fluticasone Furoate (Avamys) 27.5mcg/spray	
fluticasone aqueous (Flonase) 50mcg/spray	
triamcinolone acetonide (Nasocort) 55mcg/spray	

FENOFIBRATE	
Prescriber's Order	Therapeutic Substitution
fenofibrate 145mg nanocrystals (Lipidil EZ)	fenofibrate 200mg micronized (Lipidil Micro)
fenofibrate 160mg microcoated (Lipidil Supra)	
fenofibrate 100 mg microcoated (Lipidil Supra)	
fenofibrate 100 mg non-micronized (APX)	

H2-ANTAGONISTS	
Prescriber's Order	Therapeutic Substitution
ranitidine 50mg IV (any frequency)	pantoprazole 40 mg IV daily chemo/obstetrics use famotidine 20 mg IV daily exception

*For patients with CrCl less than 30mL/min dosage adjustment may be required, consult pharmacy

HEMORRHOIDS	
Prescriber's Order	Therapeutic Substitution
hemorrhoid preparations (ointment or suppositories) - combinations of astringent +/- steroid i.e. anugestic/proctosedyl	zinc sulfate (Anusol or equivalent) OR zinc sulfate with hydrocortisone 0.5% (Anusol HC or equivalent)

HMG-CoA REDUCTASE INHIBITORS (STATINS)	
Prescriber's Order	Therapeutic Substitution
fluvastatin (Lescol) 20mg	atorvastatin (Lipitor) 10 mg
fluvastatin (Lescol) 40mg	
lovastatin (Mevacor) 20mg	
lovastatin (Mevacor) 40mg	
pravastatin (Pravachol) 10mg	
pravastatin (Pravachol) 20mg	
pravastatin (Pravachol) 40mg	atorvastatin (Lipitor) 20mg
lovastatin (Mevacor) 80mg	

INHALERS	
Prescriber's Order	Therapeutic Substitution
inhaler (device and/or dose) not specified OR dose and device mismatch	appropriate product as per DPIN or MedRec or as per patient/caregiver
tiotropium 18 mcg cap for inh (Spiriva Handihaler)	tiotropium 2.5 mcg / actuation (Spiriva Respimat)
fluticasone 125 mcg/salmeterol 25 mcg (Advair) MDI 2 puffs BID fluticasone 250 mcg/salmeterol 25 mcg (Advair) MDI 2 puffs BID	fluticasone 250 mcg/salmeterol 50 mcg (Advair/Wixela) Diskus 1 puff BID fluticasone 500 mcg/salmeterol 50 mcg (Advair/Wixela) Diskus 1 puff BID
salbutamol 100 mcg per inh MDI	Preferred brands Teva

INSULINS	
Prescriber's Order	Therapeutic Substitution
insulin Regular (Novolin/Humulin)	contract brand
insulin NPH (Novolin NPH/Humulin N)	contract brand
insulin 30/70 (Novolin 30/70/Humulin 30/70)	contract brand
insulin Aspart/Lispro/Glulisine	contract brand (originator or biosimilar)
insulin Glargine	contract brand

LAXATIVES	
Prescriber's Order	Therapeutic Substitution
docusate calcium or sodium (capsules or liquid)	discontinue order
magnolax	magnesium hydroxide 78 mg/mL PO (Milk of Magnesia) - EQUAL VOLUME
sennosides/senna glycosides tablets (8.6 or 9 or 12 mg or dose unspecified)	sennosides 8.6mg
sennosides/senna glycosides with docusate sodium (i.e. senokot-s)	sennosides 8.6mg

LOW MOLECULAR WEIGHT HEPARIN (LMWH)		
Weight based automatic substitution to pre-filled DALTEPARIN syringes		
for 200 units/kg ONCE DAILY or Q24H subcutaneous orders		
Body Weight (kg)	ONCE DAILY Dose (units)	Prefilled syringe (PFS) 25 000 units/mL
46 to 56	10 000	10 000 units/0.4 mL
57 to 68	12 500	12 500 units/0.5mL
69 to 82	15 000	15 000 units/0.6 mL
83 to 95	18 000	18 000 units/0.72 mL
96 to 106	20 000	10 000 + 10 000 units PFS
107-118	22 500	12 500 + 10 000 units PFS
119-131	25 000	12 500 + 12 500 units PFS
132 - 143	27 500	15 000 + 12 500 units PFS
144-150	30 000	15 000 + 15 000 units PFS
greater than 150		consider IV heparin and/or hematology consult transfer to site with 24/7 lab access on site

for 100 units/kg TWICE DAILY or Q12H subcutaneous orders		
Body Weight (kg)	TOTAL DAILY Dose (units)	Prefilled syringe (PFS) 25 000 units/mL
46 to 56	10 000	5 000 units/0.2 mL Q12H
57 to 68	12 500	7 500 units/0.3mL ALTERNATING Q12H with 5000 units/0.2 mL
69 to 82	15 000	7 500 units/0.3 mL Q12H
83 to 95	17 500	10 000 units/0.4 mL ALTERNATING Q12H with 7500 units/0.3 mL
96 to 106	20 000	10 000 units/0.4 mL Q12H
107-118	22 500	12 500 units/0.5 mL ALTERNATING Q12H with 10000 units/0.4 mL
119-131	25 000	12 500 units/0.5 mL Q12H
132 - 143	27 500	15 000 units/0.6 mL ALTERNATING Q12H with 12500 units/0.5 mL
144-150	30 000	15 000 units/0.6 mL Q12H
greater than 150		consider IV heparin and/or hematology consult transfer to site with 24/7 lab access on site

Enoxaparin 1 mg/kg SUBCUT in STEMI (with tenecteplase) patients less than 75 years old & STEMI/Unstable Angina patients regardless of age		Non-
Body Weight (kg)	Dose (mg)	Prefilled syringe (PFS) 100 mg/mL
40-49	40	40 mg/0.4 mL
50-69	60	60 mg/0.6 mL
70-89	80	80 mg/0.8 mL
90-109	100	100 mg/mL
Do not give more than 100 mg q12h for first 24 hours in STEMI		
110-129	120	60 + 60 mg PFS*
130-149	140	100 + 40 mg OR 80 + 60 mg PFS*
greater than 149		do not use enoxaparin

Enoxaparin 0.75 mg/kg SUBCUT in STEMI (with tenecteplase) patients greater than 75 years old		
Body Weight (kg)	Dose (mg)	Prefilled syringe (PFS) 100 mg/mL
40-49	30	30 mg/0.3 mL
50-69	40	40 mg/0.4 mL
70-94	60	60 mg/0.6 mL
95-119	80	80 mg/0.8 mL
Do not give more than 80 mg q12h for first 24 hours in STEMI		
120-149	100	100 mg/mL
greater than 149		do not use enoxaparin

METHADONE	
Methadose cherry flavoured	Methadose unflavoured
Odan-methadone cherry flavoured	Odan-methadone unflavoured

Sandoz-methadone, Jamp-methadone, Metadol-D	Odan-methadone unflavoured
New starts of methadone in-hospital	Odan-methadone unflavoured

METHOTREXATE

DOSE (mg)	Prefilled syringe (PFS) 25 mg/mL
60	60 mg PFS
65	25 + 40 mg PFS
70	20 + 50 mg PFS
75	25 + 50 mg PFS
80	40 + 40 mg PFS OR 25 + 55 mg PFS
85	60 + 25 mg PFS
90	40 + 50 mg PFS
95	40 + 55 mg PFS
100	50 + 50 mg PFS OR 40 + 60 mg PFS
105	50 + 55 mg PFS
110	50 + 60 mg PFS
115	25 + 40 + 50 mg PFS
120	60 + 60 mg PFS OR 25 + 40 + 55 mg PFS
125	60 + 25 + 40 mg PFS
130	60 + 25 + 50 mg PFS

NITROGLYCERIN

Nitroglycerin 0.3 mg sublingual tablets	Nitroglycerin 0.4 mg sublingual spray
Nitroglycerin sublingual (no interval specified)	Nitroglycerin every 5 min PRN for chest pain (maximum of 3 doses in 15 minutes)

PROTON PUMP INHIBITORS

Prescriber's Order	Therapeutic Substitution
lansoprazole (Prevacid) 30mg once/twice daily	pantoprazole (Pantoloc) 40mg once/ twice daily
omeprazole (Losec) 20mg once/twice daily	
esomeprazole (Nexium) 40mg once/twice daily	
rabeprazole (Pariet) 20mg once/twice daily	
lansoprazole (Prevacid) 15mg once/twice daily	pantoprazole (Pantoloc) 20mg once/ twice daily
omeprazole (Losec) 10mg once/twice daily	
esomeprazole (Nexium) 20mg once/twice daily	
rabeprazole (Pariet) 10mg once/twice daily	
rabeprazole, lansoprazole, omeprazole or pantoprazole (CRUSH or FEEDING TUBE)	esomeprazole MUPS 20 mg or 40 mg (Mylan or AstraZeneca) whichever one is on contract or available. NOTE: lansoprazole FASTAB (non-formulary) may be used when esomeprazole MUPS is unavailable

TOPICAL CORTICOSTEROIDS

Prescriber's Order	Therapeutic Substitution	Potency
--------------------	--------------------------	---------

betamethasone dipropionate glycol 0.05%	clobetasol propionate 0.05%	High
desoximetasone 0.25%		
halcinonide 0.1%		
halobetasol propionate 0.05%		
betamethasone dipropionate 0.05%	betamethasone valerate 0.1%	Medium
amcinonide 0.1%		
clobetasone butyrate 0.05%		
desoximetasone 0.05%		
diflucortolone valerate 0.1%		
mometasone furoate 0.1%		
triamcinolone acetonide 0.1%		
fluocinolone acetonide 0.025%		
hydrocortisone valerate 0.2%		
beclomethasone dipropionate 0.025%		
fluocinolone acetonide 0.01%		
triamcinolone acetonide 0.025%	betamethasone valerate 0.05%	Low
hydrocortisone 1%/Urea 10%		
hydrocortisone 0.5%		
hydrocortisone 2.5%	hydrocortisone 1%	

TOPICAL OTHER	
Prescriber's Order	Therapeutic Substitution
base cream/petroleum jelly	vaseline intensive care problem skin (creamy)
combination topicals not on formulary	dispense as separate topical entities (barrier would be applied last)

VITAMINS & MINERALS	
Prescriber's Order	Therapeutic Substitution
calcium carbonate 500 mg (any brand)	calcium carbonate 1250 mg (500 mg elemental calcium)
calcium carbonate 250 mg (any brand)	calcium carbonate 625 mg (250 mg elemental calcium)
calcium with vitamin D combinations	calcium carbonate 1250 mg + vitamin D 200 IU OR lowest cost generic equivalent or contract product separately
multivitamin - liquid formulation (any preparation)	lowest cost generic equivalent or contract product
multivitamin +/- minerals (any preparation)	lowest cost generic equivalent or contract product
multivitamin/mineral, ocular (any preparation)	lowest cost generic equivalent or contract product

multivitamin/mineral, prenatal (any preparation)	lowest cost generic equivalent or contract product
replavite	dialysis multivitamin on contract
slow fe	ferrous sulfate 300 mg
slow fe folic	ferrous sulfate 300 mg & folic acid 1 mg
vitamin B & C complex	lowest cost generic equivalent or contract product