

Personal Care Home (PCH) Automatic Substitution List

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General Statements:

1. Cream will be supplied when the topical formulation is not specified.
2. Lowest cost alternative: the pharmacy provider shall dispense the best economical option.

Order	Adult Therapeutic Substitution	
Alpha-blockers for BPH		
tamsulosin 0.4 mg SR or CR	Able to swallow whole - lowest cost alternative	
	Requires medications crushed - lowest cost alternative of SR capsules	
	Feeding tubes – opening capsules is <u>not recommended</u> due to risk of clogging the tube. Pharmacist to discuss alternatives with prescriber before attempting to administer tamsulosin beads via tubes.	
Analgesics		
morphine sulfate SR or ER (any brand) Q12H release formulation products only (Note: NOT Q24H release products)	Able to swallow whole - lowest cost alternative Requires medications crushed - lowest cost alternative of capsules that can be opened	
Dosing time adjustments Oral analgesics written as: BID* TID* QID (opioids only) <i>*Includes: acetaminophen, NSAIDs, and opioids</i>	Oral analgesics dispensed as: Q12H* Q8H* Q6H (opioids only) <i>*Includes: acetaminophen, NSAIDs, and opioids</i>	
diclofenac topical all strengths	diclofenac (Voltaren Emulgel®) 2.32% topical product	
methyl salicylate/camphor/menthol topical any strengths	triethanolamine salicylate 13.3% (no odour)	
Anesthetics		
lidocaine for urinary catheterizations (e.g., Cathjell®)	Lowest cost alternative of single-use syringes	
Antibiotics		
Dosing time adjustments Oral antibiotics written as: BID TID QID	Oral antibiotics dispensed as: Q12H Q8H Q6H	
Renal dose adjustments		
Medication	CrCl (mL/min)	Dose Change
amoxicillin	10 to 30 mL/min	Q12H (if single dose exceeds 500 mg, contact prescriber)
	Less than 10 mL/min	Q24H (if single dose exceeds 500 mg, contact prescriber)
amoxicillin/clavulanic acid	10 to 29 mL/min	500/125 mg Q12H
	Less than 10 mL/min	500/125 mg Q24H
cefixime	21 to 59 mL/min	300 mg Q24H
	Less than 20 mL/min	200 mg Q24H
cephalexin	15 to 29 mL/min	Maximum daily dose of 1000 mg e.g. 250 mg po Q6H or 500 mg po Q12H
	Less than 15 mL/min	Maximum daily dose of 500 mg
cefuroxime	10 to 30 mL/min	250 mg Q12H
	Less than 10 mL/min	250 mg Q24H
ciprofloxacin	30 to 50 mL/min	If single dose exceeds 500 mg, contact prescriber
	Less than 30 mL/min	500 mg Q24H
levofLOXacin 750 mg daily	20 to 49 mL/min	750 mg Q48H

	Less than 20 mL/min	750 mg x 1 dose then 500 mg Q48H
levoFLOXacin 500 mg daily	20 to 49 mL/min	500 mg x 1 dose then 250 mg Q24H
	Less than 20 mL/min	500 mg x 1 dose then 250 mg Q48H
levoFLOXacin 250 mg daily	Less than 20 mL/min	250 mg Q48H
nitrofurantoin	Less than 30 mL/min	Not recommended; contact prescriber
sulfamethoxazole/trimethoprim 800/160 mg Q12H (if MRSA dosing, contact prescriber)	15 to 30 mL/min	800/160 mg x 1 dose, then 400/80 mg Q12H
	Less than 15 mL/min	400/80 mg Q24H

Automatic Stop for Antibiotics & Antifungals

Antibiotic and antifungal orders without a defined duration or specified number of doses will be given an automatic stop date by the pharmacist. Automatic stop orders encourage the prescriber to reassess the duration of antimicrobial treatment based on the resident’s response. The automatic stop date will be communicated to nursing with an *Automatic Stop Form*, and nursing will flag for prescriber review. If treatment is to continue beyond the automatic stop date, a new prescriber order is to be obtained and sent to pharmacy. PRN orders for antibiotics and antifungals are not recommended. If they must be used, they must specify the specific indication for use and duration of use for the nurse. If these items are not included, the order shall be followed up by pharmacist with the prescriber to clarify.

Type of Antimicrobial	Automatically stopped after:
Oral	7 days For vancomycin oral for <i>Clostridioides difficile</i> infection 10 days
Ophthalmic drops	7 days
Otic drops	7 days
Injectable*	5 days Exception: 3 days for aminoglycosides (e.g. tobramycin, gentamicin)
Topical	Antibiotic: 7 days Antifungal: 14 days except vaginal indications (see <i>Antifungals</i> section)

*Prior to dispensing any injectable antimicrobial, the pharmacist will review all available information (culture and sensitivities, antimicrobial history) and collaborate with nursing and/or prescriber to obtain additional clinical information. The PCH prescriber should consider consulting an Infectious Disease specialist for treatment recommendations involving injectable antimicrobials.

gentamicin injection* *aminoglycoside therapy is not intended as first line treatment in the PCH setting. Automatic substitution is only to be done once the following has been confirmed by the pharmacist: 1. The appropriate dosage is ordered AND 2. There is an appropriate indication based on culture and sensitivities AND clinical information (signs and symptoms of infection have been confirmed by pharmacist with nursing/prescriber) AND 3. There are no other available antimicrobial choices based on culture and sensitivities and clinical information	tobramycin injection (1:1 dose conversion with gentamicin) with rounding off (up or down) to the nearest 20 mg increment with a 3-day automatic stop date Do NOT autosub if: Cultures and sensitivities indicate the organism is resistant to tobramycin and sensitive to gentamicin
metronIDAZOLE (topical only, not vaginal products)	Lowest cost alternative at equivalent dosing and frequency
nitrofurantoin	Able to swallow whole - lowest cost BID formulation 100 mg po q12h
	Requires medications crushed or feeding tube - lowest cost alternative that can be crushed/opened 50 mg po q6h
polymyxin B and gramicidin cream or polymyxin B and bacitracin ointment (e.g., Polysporin®, Polytopic®) silver sulfadiazine cream (Flamazine®)	Lowest cost alternative cream or ointment containing one or more of the following: bacitracin, gramicidin, neomycin, or polymyxin B

Anticoagulants/Antiplatelet																					
ASA 81 or 80 mg chewable	Lowest cost alternative																				
ASA 81 or 80 mg EC	Lowest cost alternative																				
dalteparin for DVT treatment 200 units/kg subcut once daily	<p>Weight based automatic substitution to pre-filled dalteparin syringes (PFS) as per table below. For doses below 46 kg or above 150 kg contact prescriber. Note: if any dosing concerns, contact prescriber.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Body Weight (kg)</th> <th style="text-align: center;">Dosage (units)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">46 to 56</td> <td style="text-align: center;">10,000 units/ 0.4 mL</td> </tr> <tr> <td style="text-align: center;">57 to 68</td> <td style="text-align: center;">12,500 units/ 0.5 mL</td> </tr> <tr> <td style="text-align: center;">69 to 82</td> <td style="text-align: center;">15,000 units/ 0.6 mL</td> </tr> <tr> <td style="text-align: center;">83 to 95</td> <td style="text-align: center;">18,000 units/ 0.72 mL</td> </tr> <tr> <td style="text-align: center;">96 to 106</td> <td style="text-align: center;">20,000 units = 2 x 10,000 PFS</td> </tr> <tr> <td style="text-align: center;">107 to 118</td> <td style="text-align: center;">22,500 units = 12,500 + 10,000 PFS</td> </tr> <tr> <td style="text-align: center;">119 to 131</td> <td style="text-align: center;">25,000 units = 2 x 12,500 PFS</td> </tr> <tr> <td style="text-align: center;">132 to 143</td> <td style="text-align: center;">27,500 units = 15,000 + 12,500 PFS</td> </tr> <tr> <td style="text-align: center;">144 to 150</td> <td style="text-align: center;">30,000 units = 2 x 15,000 PFS</td> </tr> </tbody> </table>	Body Weight (kg)	Dosage (units)	46 to 56	10,000 units/ 0.4 mL	57 to 68	12,500 units/ 0.5 mL	69 to 82	15,000 units/ 0.6 mL	83 to 95	18,000 units/ 0.72 mL	96 to 106	20,000 units = 2 x 10,000 PFS	107 to 118	22,500 units = 12,500 + 10,000 PFS	119 to 131	25,000 units = 2 x 12,500 PFS	132 to 143	27,500 units = 15,000 + 12,500 PFS	144 to 150	30,000 units = 2 x 15,000 PFS
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<p>Automatic Stop for dalteparin and heparin for VTE prophylaxis</p> <ul style="list-style-type: none"> To encourage reassessment, orders received for dalteparin or heparin for VTE prophylaxis (i.e. doses less than 10,000 units) without a duration will be automatically stopped after 10 days. The pharmacist will initially send a 5-day supply, resident-specific, and include the VTE Prophylaxis Automatic Stop form. If required, the VTE prophylaxis can be refilled once if requested. <ul style="list-style-type: none"> Nursing will flag the VTE Prophylaxis Automatic Stop form for prescriber review and file in the prescriber order section of the resident’s health record. Based on the VTE prophylaxis recommendations for LTC, if the dalteparin or heparin is required to continue, a new prescriber order must be written with the indication and duration in order to continue beyond 10 days. <p>VTE Prophylaxis Recommendations for LTC:</p> <p>Continuing VTE Prophylaxis in LTC may be appropriate in the following situations, considering the risk of bleeding or other contraindications:</p> <ul style="list-style-type: none"> For post-surgical thromboprophylaxis: 28-35 days following major orthopedic surgery (hip and knee), 30 days following spinal surgery, and 28 days following abdominal surgery for cancer treatment Ischemic CVA within the previous 3 months: continue prophylaxis for 6-12 weeks post CVA During active cancer treatment and/or other oncology indications as per oncologist/ hematologist For hematologic indications, as per the recommendations of a hematologist For oncology and hematologic indications, assess benefit versus risk of VTE prophylaxis at each QMR and consult specialist as required 																					
Direct oral anticoagulant (DOAC) e.g., dabigatran, edoxaban, rivaroxaban for non-valvular atrial fibrillation	<p>Lowest cost alternative of apixaban Dosing: 5 mg po BID <u>or</u> 2.5 mg po BID if 2 or more of the following:</p> <ul style="list-style-type: none"> Age 80 years or older Weight 60 kg or less Serum creatinine 133 umol/L or more 																				
Direct oral anticoagulant (DOAC) e.g., dabigatran, edoxaban, rivaroxaban for chronic secondary prevention of VTE (greater than 6 months) - <i>Does not include post-operative VTE prophylaxis</i>	<p>Lowest cost alternative of apixaban Autosub apixaban 2.5 mg po BID for:</p> <ul style="list-style-type: none"> rivaroxaban 10 mg po daily edoxaban 30 mg po daily dabigatran 110 mg po BID <p>Autosub apixaban 5 mg po BID for:</p> <ul style="list-style-type: none"> rivaroxaban 20 mg po daily 																				

	<ul style="list-style-type: none"> • edoxaban 60 mg po daily • dabigatran 150 mg po BID 	
Antifungals		
clotrimazole vaginal inserts (any duration) clotrimazole 1% vaginal cream clotrimazole 2% vaginal cream miconazole vaginal inserts (any duration) miconazole 2% vaginal cream nystatin vaginal inserts nystatin vaginal cream	clotrimazole 2% vaginal cream daily x 3 days	
miconazole topical cream ketoconazole topical cream tolnaftate 1% cream	Lowest cost alternative clotrimazole 1% topical cream	
nystatin oral suspension (swish and swallow) doses less than 500,000 units	nystatin oral suspension (swish and swallow) 500,000 units	
Antihistamines (second generation)		
desloratadine 5 mg daily	cetirizine 10 mg daily	
fexofenadine 60 mg or 120 mg BID		
loratadine 10 mg daily		
Antihypertensives		
Diltiazem long-acting (CD - controlled delivery, ER - extended release, XC)	Lowest cost once daily alternative	
Antivirals		
acyclovir 200 to 400 mg 5x/day for herpes labialis (cold sores)	valACYclovir 2000 mg Q12H for 2 doses	
acyclovir 200mg 5 times per day famciclovir 125mg or 250mg BID	valACYclovir 1000 mg Q12H	
acyclovir 800mg 5 times per day famciclovir 500mg TID	valACYclovir 1000 mg Q8h	
Renal dose adjustments:		
Medication	CrCl (mL/min)	Dose Change
nirmatrelvir & ritonavir (Paxlovid™)	eGFR Greater than 60	nirmatrelvir 300 mg oral q12h x 5 days and ritonavir 100 mg oral q12h x 5 days
	eGFR 30-59	nirmatrelvir 150 mg oral q12h x 5 days and ritonavir 100 mg oral q12h x 5 days
	eGFR less than 30	Contraindicated; contact prescriber
oseltamivir for influenza treatment	Greater than 60	75 mg Q12H for 5 days
	30-60	75 mg q24H for 5 days
	10-30	30 mg q24H for 5 days
	Less than 10 or dialysis	Consult nephrology or ID
valACYclovir for herpes labialis (cold sores)	30 to 49	1000 mg Q12H for 2 doses
	10 to 29	500 mg Q12H for 2 doses
	Less than 10	500 mg once
valACYclovir for herpes zoster (shingles)	30 to 49	1000 mg Q12H for 7 days
	10 to 29	1000 mg Q24H for 7 days
	Less than 10	500 mg Q24H for 7 days
valacyclovir (other indications)	30 to 49	1000 mg Q12H
	10 to 29	1000 mg Q24H
	Less than 10	500 mg Q24H

EENT – Ophthalmic	
artificial tears ANY product with preservative (including orders with no strength specified) (e.g., Isopto tears®, Tears Plus®)	Lowest cost alternative (with preservative)
artificial tears preservative free (e.g., Bion Tears®, Tears Naturale Free®)	Lowest cost alternative (without preservative)
petrolatum eye ointment (e.g., Lacrilube®)	Lowest cost alternative
Prostaglandin analogues bimatoprost 0.01% and 0.03% (e.g., Lumigan®) travoprost 0.004% (e.g., Travatan®) latanoprost 0.005% (e.g., Xalatan®)* <i>*Do not substitute preservative-free Monoprost®</i>	Lowest cost alternative
Prostaglandin analogue + timolol ophthalmic solution (e.g., Xalacom®, Duotrav PQ®)	Lowest cost alternative
EENT – Nasal	
normal saline nasal spray	Lowest cost alternative
nasal lubricant gel	Lowest cost alternative
Nasal corticosteroids: beclomethasone (e.g., Beconase®) 50 mcg/spray budesonide (e.g., Rhinocort®) 64 mcg or 100 mcg/spray ciclesonide (Omnaris®) 50 mcg/spray fluticasone furoate (Avamyst®) 27.5 mcg/spray fluticasone propionate (e.g., Flonase®) 50 mcg/spray mometasone (e.g., Nasonex®) 50 mcg/spray triamcinolone acetonide (e.g., Nasocort®) 55 mcg/spray	Lowest cost alternative at equivalent schedule
GI - Antacids	
magnesium hydroxide/aluminum hydroxide combination oral liquids with or without simethicone	Lowest cost alternative at equivalent dose with or without simethicone
GI - Antinauseants	
ondansetron po with interval of q4h or q6h	ondansetron po q8h (at the same dose) <i>Exception: orders for ondansetron prior to and during chemotherapy</i>
granisetron 1 mg po daily granisetron 1 mg po BID granisetron po greater than 2 mg/day	Lowest cost ondansetron 8 mg po q12h Lowest cost ondansetron 8 mg po q8h Lowest cost ondansetron 8 mg po q8h
GI – Laxatives and Cathartics	
docusate calcium or sodium (capsules or liquid)	Discontinue order
PEG 3350 powder products (e.g., Miralax®, Restoralax®, Lax-a-day®, Relaxa®)	Lowest cost alternative at the closest standard dose size
sennosides/senna glycosides tablets (8.6 or 9 or 12mg or dose unspecified)	Lowest cost sennosides 8.6 mg
sennosides/senna glycosides with docusate sodium (e.g., Senokot S®)	Lowest cost sennosides 8.6 mg
GI – Oral Rehydration Solutions (ORS)	
oral rehydration solutions (ORS)	Lowest cost ORS with composition of electrolytes as per World Health Organization (WHO) guidelines
GI – Proton Pump Inhibitors	
Able to swallow whole - rabeprazole, lansoprazole, esomeprazole, or omeprazole	Lowest cost pantoprazole at similar dosing*
Requires medications crushed - rabeprazole, lansoprazole, esomeprazole, or pantoprazole	Lowest cost omeprazole 20mg (capsule that can be opened) at similar dosing*

Feeding tube - rabeprazole, lansoprazole, omeprazole, or pantoprazole	Lowest cost alternative that dissolves well in water at similar dosing* (e.g. Mylan-esomeprazole tablet)
*PPI Dose Equivalencies: pantoprazole 40 mg = esomeprazole 40 mg = omeprazole 20 mg = lansoprazole 30 mg = rabeprazole 20 mg once daily	
Insulins	
long-acting insulin analogues: glargine (e.g., Lantus®, Basaglar™, Semglee®) or detemir (e.g., Levemir®)	Same units (1:1) of lowest cost alternative in pre-filled disposable pen format
rapid acting insulin analogues: lispro (e.g., Humalog®, Admelog®) aspart (e.g., Novorapid®, Fiasp®, Trurapi®, Kirsty®) glulisine (e.g., Apidra®)	Same units (1:1) of lowest cost lispro alternative in pre-filled disposable pen format
human insulin NPH (e.g., Humulin® N, Novolin®ge NPH)	Same units (1:1) of lowest cost alternative in pre-filled disposable pen format or pen cartridges
human insulin regular (e.g., Humulin® R, Novolin®ge Toronto)	Same units (1:1) of lowest cost alternative in pre-filled disposable pen format or pen cartridges
insulin premixed regular-NPH 30/70 (e.g., Humulin® 30/70, Novolin®ge 30/70)	Same units (1:1) of lowest cost alternative in pre-filled disposable pen format or pen cartridges
insulin premixed regular-NPH 40/60 (e.g., Novolin®ge 40/60)	Same units (1:1) of lowest cost alternative in pre-filled disposable pen format or pen cartridges
insulin premixed regular-NPH 50/50 (e.g., Novolin®ge 50/50)	Same units (1:1) of lowest cost alternative in pre-filled disposable pen format or pen cartridges
insulin premixed rapid-acting/long-acting (e.g., Humalog Mix25®, NovoMix 30®) *Not including Humalog Mix50	Same units (1:1) of lowest cost alternative in pre-filled disposable pen format or pen cartridges
Methotrexate Injection	
methotrexate injection (not applicable for oncologic or autoimmune disorders)	To closest dose of commercially manufactured pre-filled syringes available as: methotrexate 7.5 mg/0.3 mL methotrexate 10 mg/0.4 mL methotrexate 15 mg/0.6 mL methotrexate 20 mg/0.8 mL methotrexate 25 mg/mL Note: if any dosing concerns contact prescriber
Nitroglycerin Sublingual	
nitroglycerin 0.4mg sublingual spray	nitroglycerin 0.3mg sublingual tablets
Respiratory - Inhalers	
fluticasone-salmeterol inhalation device	Lowest cost alternative at equivalent dosing
nebule solution	metered dose inhaler (MDI) as per table below
<i>Conversion of nebule solution to metered dose inhaler (MDI) conversion</i>	
Nebule Order	Adult Therapeutic Substitution (MDI + spacer device with mask)
budesonide solution 0.125 mg/mL 2 mL (0.25 mg total)	fluticasone MDI 125 mcg 2 puffs BID <u>OR</u> fluticasone MDI 250 mcg 1 puff BID
budesonide solution 0.25 mg/mL 2 mL (0.5 mg total)	fluticasone MDI 250 mcg 2 puffs of BID
ipratropium solution 125 mcg/mL 2 mL (250 mcg total)	ipratropium MDI 20 mcg/puff 2 puffs (same frequency) MAXIMUM* 12 puffs/day
ipratropium solution 250 mcg/mL 1 mL (250 mcg total)	ipratropium MDI 20 mcg/puff 2 puffs (same frequency) MAXIMUM* 12 puffs/day
ipratropium 250 mcg/mL 2 mL (500 mcg total)	ipratropium MDI 20 mcg/puff 4 puffs (same frequency) MAXIMUM* 12 puffs/day

ipratropium 0.5 mg & salbutamol 2.5 mg 2.5 mL solution	ipratropium 20 mcg & salbutamol 100 mcg (Combivent® Respimat®) 1 inhalation QID MAXIMUM* 6 inhalations/day
salbutamol solution 1 mg/mL 2.5 mL (2.5 mg total)	salbutamol MDI 100 mcg/puff 2 puffs (same frequency) MAXIMUM* 8 puffs/day
salbutamol solution 2 mg/mL 2.5 mL (5 mg total)	salbutamol MDI 100 mcg/puff 4 puffs (same frequency) MAXIMUM* 8 puffs/day
<i>*If the conversion from nebuler to MDI will exceed the maximum inhalations per day, contact the prescriber for direction.</i>	
Scabies Treatment	
permethrin 5% cream or lotion	Lowest cost alternative
Supplements – Vitamins/Minerals	
calcium	Lowest cost alternative to the nearest equivalent dose of calcium carbonate: <ul style="list-style-type: none"> • 625 mg (250 mg elemental calcium) • 1250 mg (500 mg elemental calcium)
calcium and vitamin D	Lowest cost alternative to the nearest equivalent dose of calcium carbonate 1250mg (or elemental calcium 500mg) daily PLUS vitamin D 10,000 units once a week
multivitamin - liquid formulation	Lowest cost alternative
multivitamin/multivitamin with minerals	Lowest cost multivitamin with minerals alternative
multivitamin/mineral, ocular (any preparation) (e.g., Vitalux®, Ocuvite®, etc)	Lowest cost alternative equivalent to 2 tablets of Vitalux Advanced
multivitamin/minerals, dialysis (e.g., Replavite, Jamplavite)	Lowest cost alternative
potassium chloride 8 or 10 mEq	Able to swallow whole - lowest cost 8 or 10 mEq alternative
	Requires medications crushed - lowest cost 8 or 10 mEq alternative for capsules that can be opened
potassium chloride tablets or capsules	For residents with feeding tubes, potassium chloride solution 20 mEq/15 mL at equivalent dosing and frequency
vitamin B12 (cyanocobalamin) oral	Lowest cost alternative to the nearest vitamin B12 (cyanocobalamin) dose of 250 mcg, 500 mcg, or 1000 mcg
vitamin D less than or equal to 1000 units po daily	vitamin D 10,000 units once a week
vitamin K1 (phytonadione) po for reversal of warfarin	vitamin K1 (phytonadione) parenteral used orally
Topical - Corticosteroids	
High potency betamethasone dipropionate glycol 0.05% clobetasol propionate 0.05% halobetasol propionate 0.05%	Lowest cost alternative of high potency corticosteroids
Medium to high potency amcinonide 0.1% betamethasone dipropionate 0.025% betamethasone dipropionate 0.05% desoximetasone 0.25% fluocinonide 0.05%	Lowest cost alternative of medium to high potency corticosteroids
Medium to low potency beclomethasone dipropionate 0.025% beclomethasone dipropionate 0.05% betamethasone valerate 0.1% betamethasone valerate 0.05% clobetasone butyrate 0.05% desoximetasone 0.05%	Lowest cost alternative of medium to low potency corticosteroids

Personal Care Home (PCH) Automatic Substitution List

diflucortolone valerate 0.1% fluocinolone acetonide 0.025% fluocinolone acetonide 0.01% hydrocortisone valerate 0.2% mometasone furoate 0.1% triamcinolone acetonide 0.1% triamcinolone acetonide 0.025%	
Low potency desonide 0.05% hydrocortisone 2.5% hydrocortisone acetate 1% hydrocortisone acetate 0.5%	Lowest cost alternative of low potency corticosteroids
Topical - Rectal	
Any steroid/antibiotic/topical anesthetic hemorrhoid product (e.g., Proctol [®] , Proctosedyl [®] , Proctomyxin [®])	Lowest cost alternative equivalent suppository or ointment (contains hydrocortisone, framycetin, dibucaine or cinchocaine, esculin)
Preparation H [®]	Lowest cost zinc sulfate 0.5% ointment

Approved by:

- Interlake Eastern Regional Health Authority Pharmacy & Therapeutics Committee – June 26, 2024
- Northern Health Region LTC Pharmacy & Therapeutics Committee – June 13, 2024
- Prairie Mountain Health LTC Pharmacy & Therapeutics Committee – June 11, 2024 & Regional Medical Advisory Committee June 19, 2024
- Southern Health – Santé Sud Pharmacy & Therapeutics Committee – June 12, 2024 & Regional Medical Advisory Committee June 27, 2024
- Winnipeg Regional Health Authority LTC Medical Director Advisory Council – June 19, 2024