

**FLOYD CHEROKEE MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



TITLE: AUTO-SUBSTITUTION Purpose: To Define the Procedure necessary to make auto-substitution of one medication for another medication on the Auto-substitution list. The Auto-Substitution list is a Medical Staff approved list of medications deemed to be therapeutic equivalents.	Policy No.: C-PCS-06-068-O Developed Date: Review Date: 1/21 Revised Date:
Policy: Administration of drugs shall comply with all laws of this state, federal laws, rules, and regulations that govern such acts, and medical staff rules and regulations.	Review Responsibility: CNO, Clinical Council, Director of Pharmacy; Pharmacy & Therapeutics Committee, Executive Committee of the Medical Staff
Expected Outcomes: Reduction in Medication Errors related to reconciliation issues.	
Reference Standards: NPSG 03.06.01	

Exceptions to the Auto-Substitution Policy:

Persons less than 12 years of age

Pregnant or lactating

Allergic or otherwise contraindicated.

PURPOSE: To Define the Procedure necessary to make auto-substitution of one medication for another medication on the Auto-substitution list. The Auto-Substitution list is a Medical Staff approved list of medications deemed to be therapeutic equivalents.

POLICY: Whenever an order is written for a medication that appears on the auto-substitution list, that medication can be substituted with the preferred medication within the confines of the substitution list.

PROCEDURE:

Physician-

- Enter/Input a complete medication order. If auto-substitution is not to be allowed, the physician can indicate on the order that substitution is not allowed by use of Dispense as Written, DAW, Do not substitute, etc.
- Sign off on all orders as needed within 24 hours.

Nurse-

- Check patient for medication allergies.
- Check patient for other contraindications to the substituted medication. (The nurse may clarify the order with a pharmacist, if necessary).

- The patient care nurse will make the substitution and enter the substituted medication onto the eMAR.

Report to pharmacy and/or attending physician if the patient cannot use the substituted medication

AUTO-SUBSTITUTION OF FOR

Novolog 70/30 Humalog 75/25

Time of administration and unit of dose to be the same.

Levemir (insulin detemir) Lantus (insulin glargine)

Time of administration and unit of dose to be the same. Once daily dosing regimen

PROTONIX 40MG IV Q24H ANY IV PPI

ALBUTEROL MDI 2 PUFFS ALUPENT MDI OR MAXAIR MDI 2 PUFFS

FLOVENT MDI 220 mcg/puff Beclomethasone, Budesonide, Triamcinolone

**2 puffs (this is medium dose range) Medium dose range ordered.

(If low dose or high dose range is ordered, the Flovent would be given low dose or high dose)
(Suggest keep as written with Flovent being the only Aerosol inhaled steroid stocked).

LEVOFLOXACIN 500MG IV Q24H ANY QUINOLONE IV

LEVOFLOXACIN 500MG PO Q24H ANY QUINOLONE PO.

Pharmacy will suggest dosing based on CrCl in renal compromised patients.

No auto-sub for Cipro PO, this will remain as written

Statin Formulary Interchange Chart	
Non-Formulary Item	Change to Formulary Item
Fluvastatin (Lescol)	Lipitor(atorvastatin)
20 mg daily	10 mg daily
40 mg daily	10 mg daily
80 mg daily	20 mg daily
Simvastatin (Zocor)	Lipitor(atorvastatin)
10 mg daily	10 mg daily
20 mg daily	10 mg daily
40 mg daily	20 mg daily
80 mg daily	40 mg daily
Lovastatin (Mevacor)	Lipitor(atorvastatin)
20 mg daily	10 mg daily
40 mg daily	20 mg daily
80 mg daily	40 mg daily
Pitavastatin (Livalo)	Lipitor(atorvastatin)
1 mg daily	10 mg daily
2 mg daily	20 mg daily
4 mg daily	30 mg daily
Rosuvastatin (Crestor)	Lipitor(atorvastatin)
5 mg daily	10 mg daily
10 mg daily	20 mg daily
20 mg daily	40 mg daily
40 mg daily	80 mg daily

PRAVASTATIN WILL NOT BE SUBSTITUTED.

AUTO-SUBSTITUTION

FOR:

TOBRAMYCIN IV GENTAMICIN IV (DOSE FOR DOSE)

Suggest use only when diagnosis is Pseudomonas.

Pre-op orders for Gentamicin will be filled as Gentamicin.

HYCOTUSS 5ML/10ML Q4-6H TUSSIONEX 5ML/10ML ANY FREQUENCY

FLONASE NASAL

ANY STEROID NASAL

Albuterol 2.5mg HHN Xopenex 1.25mg HHN
Albuterol 1.25mg HHN Xopenex 0.63mg HHN

ZOFRAN 4MG IV Q4-6H PRN PROMETHAZINE 12.5 OR 25MG IV Q4-6H PRN
ZOFRAN 4MG IV Q4 OR Q6 H PROMETHAZINE 12.5 OR 25MG IV Q4 OR Q6H

Lovenox 1.5mg/kg q24h

MIP on Heparin infusion. Stop the Heparin
Administer Lovenox 1.5mg/kg q24hours

Topical Standardization Substitution Initiative Chart

Generic Name	Pharmacy Dispenses	Formulation
Low Potency		
Alclometasone dipropionate 0.05%	Hydrocortisone 1% 15gm	crm, oint, lotion±
Fluocinolone acetonide 0.01%	Hydrocortisone 1% 15gm	lotion*
Hydrocortisone base or acetate (0.5% - 2.5%)	Hydrocortisone 1% 15gm	crm, oint, lotion±
Triamcinolone acetonide 0.025%	Hydrocortisone 1% 15gm	crm, oint, lotion±
Intermediate Potency		
Betamethasone valerate 0.1%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Clocortolone pivalate 0.1%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Desonide 0.05%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Desoximetasone 0.05%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Fluocinolone acetonide 0.01%-0.025%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Flurandrenolide 0.025% - 0.05%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Fluticasone propionate 0.005%-0.05%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Hydrocortisone probutate 0.1%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Hydrocortisone butyrate 0.1%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Hydrocortisone valerate 0.2%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Mometasone furoate 0.1%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Prednicarbate 0.1%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
Triamcinolone acetonide 0.1%-0.2%	Betamethasone valerate 0.1% 15gm	crm, oint, lotion*
High Potency		
Amcinonide 0.1%	Betamethasone dipropionate 0.05% 15gm	crm, oint, lotion*
Betamethasone dipropionate 0.05%	Betamethasone dipropionate 0.05% 15gm	crm, oint, lotion*
Betamethasone dipropionate augmented 0.05%	Betamethasone dipropionate 0.05% 15gm	crm, lotion*
Desoximetasone 0.05%-0.25%	Betamethasone dipropionate 0.05% 15gm	crm, oint, lotion*
Diflorasone diacetate 0.05%	Betamethasone dipropionate 0.05% 15gm	crm, oint
Fluocinonide 0.05%	Betamethasone dipropionate 0.05% 15gm	crm, oint, lotion*
Halcinonide 0.1%	Betamethasone dipropionate 0.05% 15gm	crm, oint, lotion*
Triamcinolone acetonide 0.5%	Betamethasone dipropionate 0.05% 15gm	crm
Very High Potency		
Betamethasone dipropionate, augmented 0.05%	Clobetasol propionate 0.05% 15gm	oint, soln
Clobetasol propionate 0.05%	Clobetasol propionate 0.05% 15gm	crm, oint, shampoo, soln^
Fluocinonide 0.1%	Clobetasol propionate 0.05% 15gm	crm
Flurandrenolide 4mcg/sq cm	Clobetasol propionate 0.05% 15gm	crm
Halobetasol propionate 0.05%	Clobetasol propionate 0.05% 15gm	crm, oint

AUTO SUBSTITUTION OF

FOR:

Ordered Medication		
Brand	Dose	Frequency
Advair® Diskus	100/50 mcg	1 puff BID
	250/50 mcg	1 puff BID
	500/50 mcg	1 puff BID
Advair® HFA	45/21 mcg	2 puffs BID
	115/21 mcg	2 puffs BID
	230/21 mcg	2 puffs BID
Symbicort®	80/4.5 mcg	1 puff BID
	80/4.5 mcg	2 puffs BID
	160/4.5 mcg	1 puff BID
	160/4.5 mcg	2 puffs BID

Pharmacy Dispensed Medication		
Brand	Dose	Frequency
Dulera®	100/5 mcg	1 puff BID
Dulera®	100/5 mcg	2 puffs BID
Dulera®	200/5 mcg	2 puffs BID
Dulera®	100/5 mcg	1 puff BID
Dulera®	100/5 mcg	2 puffs BID
Dulera®	200/5 mcg	2 puffs BID
Dulera®	100/5 mcg	1 puff BID
Dulera®	100/5 mcg	2 puffs BID
Dulera®	200/5 mcg	1 puff BID
Dulera®	200/5 mcg	2 puffs BID

AUTO-SUBSTITUTION OF

FOR:

ACTOS 15 MG.

AVANDIA 4MG.

ACTOS 30 MG

AVANDIA 8 MG.

ACTOS 7.5 MG+METFORMIN 500MG

AVANDAMET 1MG/500MG

ACTOS 15 MG+METFORMIN 500MG

AVANDAMET 2MG/500MG

ACTOS 15 MG+METFORMIN 500MG

AVANDAMET 4MG/500 MG.

SEREVENT 50 MCG 1 PUFF BID

FORADIL 12 MCG. 1 PUFF BID

DIOVAN 40 MG DAILY

ATACAND 4 MG.

DIOVAN 80 MG DAILY

ATACAND 8 MG.

DIOVAN 160 MG DAILY

ATACAND 16 MG DAILY

DIOVAN 320 MG DAILY

ATACAND 32 MG DAILY

COZAAR 25 MG DAILY

TEVETEN 400 MG DAILY OR 200 MG BID

COZAAR 50 MG DAILY

TEVETEN 600 MG DAILY OR 300 MG BID

COZAAR 100 MG DAILY

TEVETEN 800 MG DAILY OR 400 MG BID

COZAAR 25 MG DAILY

AVAPRO 75 MG DAILY

COZAAR 50 MG DAILY

AVAPRO 150 MG DAILY

COZAAR 100 MG DAILY

AVAPRO 300 MG DAILY

COZAAR 25 MG DAILY

BENICAR 5 MG DAILY

COZAAR 50 MG DAILY

BENICAR 20 MG DAILY

COZAAR 100 MG DAILY

BENICAR 40 MG DAILY

COZAAR 25 MG DAILY

MICARDIS 20 MG DAILY

COZAAR 50 MG DAILY

MICARDIS 40 MG DAILY

COZAAR 100 MG DAILY

MICARDIS 80 MG DAILY

MEROPENEM

IMIPENEM(DOSE PER PROTOCOL)

MEROPENEM

DORIPENEM(DOSE PER PROTOCOL)

Formulary Incontinence Medications: Updated 10/13

Ordered Medication							Pharmacy Dispensed Medication						
Generic		Brand	Dose	Route	Frequency	Formulary Status	Generic	Brand	Dose	Route	Frequency	Formulary Status	
Darifenacin Hydrobromide	Enablex	7.5 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Darifenacin Hydrobromide	Enablex	15 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	
Fesoterodine fumarate	Toviaz	4 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Fesoterodine fumarate	Toviaz	8 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	
Mirabegron	Myrbetriq	25mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Mirabegron	Myrbetriq	50mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	
Oxybutynin chloride	Ditropan IR	5mg	PO	BID	F	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Oxybutynin chloride	Ditropan XL	> 20 mg	PO	Daily	F	→	Oxybutynin chloride XL	-	Max: 30mg	PO	Daily	F	
Oxybutynin chloride	Gelnique 3%	28 mg/pump	Topical	Daily	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Oxybutynin chloride	Gelnique 10%	100 mg/1 gm sachet	Topical	Daily	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	
Oxybutynin chloride	Oxytrol Patch	3.9 mg/day	Topical	Twice Weekly	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Oxybutynin chloride	Ditropan	5mg/5ml	PO	One tsp BID	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Solifenacine succinate	Vesicare	5 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Solifenacine succinate	Vesicare	10 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	
Tolterodine tartrate	Detrol	1 mg	PO	BID	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Tolterodine tartrate	Detrol	2 mg	PO	BID	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	
Tolterodine tartrate	Detrol LA	2 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Tolterodine tartrate	Detrol LA	4 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	
Trospium chloride	Sanctura	20 mg	PO	BID	NF	→	Oxybutynin chloride XL	-	5mg	PO	Daily	F	
Trospium chloride	Sanctura XR	60 mg	PO	Daily	NF	→	Oxybutynin chloride XL	-	10mg	PO	Daily	F	

*Adult maximum daily dose is oxybutynin XL 30mg (Ortho-McNeil Pharmaceutical, 2005)

* If patient > 60 years old dispense Ditropan IR 2.5 mg BID; Use cautiously (Am J Geriatr Soc., 2012)

*Oxybutynin XL 5mg is recommended in >6 years of age. Increase dosage at 7 day intervals in increments of 5mg. Up to maximum of 20mg once daily. (Ortho-McNeil Pharmaceutical, 2005)

ACE Inhibitors Ordered Medication						Pharmacy Formulary Dispensed Medication						
Generic	Brand	Dose	Route	Frequency	Formulary Status	Generic	Brand	Dose	Route	Frequency	Formulary Status	
Benazepril	Lotensin	5mg	PO	Daily	NF	→	Lisinopril	-	5mg	PO	Daily	F
Benazepril	Lotensin	10mg	PO	Daily	NF	→	Lisinopril	-	10mg	PO	Daily	F
Benazepril	Lotensin	20mg	PO	Daily	NF	→	Lisinopril	-	20mg	PO	Daily ¢	F
Benazepril	Lotensin	40mg	PO	Daily	NF	→	Lisinopril	-	40mg	PO	Daily ¢	F
Benazepril	Lotensin	80mg	PO	Daily	NF	→	Lisinopril	-	80mg	PO	Daily ¢	F
Captopril	Capoten	6.25mg	PO	TID	F	→	Captopril	-	6.25mg	PO	TID	F
Captopril	Capoten	12.5mg	PO	TID	F	→	Captopril	-	12.5mg	PO	TID	F
Captopril	Capoten	25mg	PO	TID	F	→	Captopril	-	25mg	PO	TID	F
Captopril	Capoten	50mg	PO	TID	F	→	Captopril	-	50mg	PO	TID	F
Captopril	Capoten	100-150mg	PO	TID	F	→	Captopril	-	100mg	PO	TID	F
Enalapril	Vasotec	2.5mg	PO	Daily	F	→	Enalapril	-	2.5mg	PO	Daily	F
Enalapril	Vasotec	5mg	PO	Daily	F	→	Enalapril	-	5mg	PO	Daily	F
Enalapril	Vasotec	10mg	PO	Daily	F	→	Enalapril	-	10mg	PO	Daily	F
Enalapril	Vasotec	20mg	PO	Daily	F	→	Enalapril	-	20mg	PO	Daily	F
Enalapril	Vasotec	40mg	PO	BID	F	→	Enalapril	-	40mg	PO	BID	F
Enalaprilat*	Vasotec	1.25mg/ml	IV	-	F	→	Enalaprilat	-	1.25mg/ml	IV	-	F
Fosinopril	Monopril	5mg	PO	Daily	NF	→	Lisinopril	-	5mg	PO	Daily	F
Fosinopril	Monopril	10mg	PO	Daily	NF	→	Lisinopril	-	10mg	PO	Daily	F
Fosinopril	Monopril	20mg	PO	Daily	NF	→	Lisinopril	-	20mg	PO	Daily ¢	F
Fosinopril	Monopril	40mg	PO	Daily	NF	→	Lisinopril	-	40mg	PO	Daily ¢	F
Fosinopril	Monopril	80mg	PO	Daily	NF	→	Lisinopril	-	80mg	PO	Daily ¢	F
Lisinopril	Zestril, Prinivil	5mg	PO	Daily	F	→	Lisinopril	-	5mg	PO	Daily	F
Lisinopril	Zestril, Prinivil	10mg	PO	Daily	F	→	Lisinopril	-	10mg	PO	Daily	F
Lisinopril	Zestril, Prinivil	20mg	PO	Daily	F	→	Lisinopril	-	20mg	PO	Daily ¢	F
Lisinopril	Zestril, Prinivil	40mg	PO	Daily	F	→	Lisinopril	-	40mg	PO	Daily ¢	F
Lisinopril	Zestril, Prinivil	80mg	PO	Daily	F	→	Lisinopril	-	2 X 40mg	PO	Daily ¢	F
Moexipril	Univasc	3.75mg	PO	Daily	NF	→	Lisinopril	-	5mg	PO	Daily	F
Moexipril	Univasc	7.5mg	PO	Daily	NF	→	Lisinopril	-	10mg	PO	Daily ¢	F
Moexipril	Univasc	15mg	PO	Daily	NF	→	Lisinopril	-	20mg	PO	Daily ¢	F
Moexipril	Univasc	30mg	PO	Daily	NF	→	Lisinopril	-	30mg	PO	Daily ¢	F
Moexipril	Univasc	60mg	PO	Daily	NF	→	Lisinopril	-	40mg	PO	Daily ¢	F
Perindopril	Aceon	2 mg	PO	Daily	NF	→	Lisinopril	-	5mg	PO	Daily	F
Perindopril	Aceon	4 mg	PO	Daily	NF	→	Lisinopril	-	10mg	PO	Daily ¢	F
Perindopril	Aceon	6 mg	PO	Daily	NF	→	Lisinopril	-	20mg	PO	Daily ¢	F
Perindopril	Aceon	8 mg	PO	Daily	NF	→	Lisinopril	-	30mg	PO	Daily ¢	F
Perindopril	Aceon	16 mg	PO	Daily	NF	→	Lisinopril	-	40mg	PO	Daily ¢	F
Quinapril	Accupril	5mg	PO	Daily	NF	→	Lisinopril	-	5mg	PO	Daily	F

Quinapril	Accupril	10mg	PO	Daily	NF	→	Lisinopril	-	10mg	PO	Daily	F
Quinapril	Accupril	20mg	PO	Daily	NF	→	Lisinopril	-	20mg	PO	Daily** ¢	F
Quinapril	Accupril	40mg	PO	Daily	NF	→	Lisinopril	-	40mg	PO	Daily ¢	F
Ramipril	Altace	1.25mg	PO	Daily	NF	→	Lisinopril	-	5mg	PO	Daily	F
Ramipril	Altace	2.5mg	PO	Daily	NF	→	Lisinopril	-	10mg	PO	Daily ¢	F
Ramipril	Altace	5mg	PO	Daily	NF	→	Lisinopril	-	20mg	PO	Daily ¢	F
Ramipril	Altace	10mg	PO	Daily	NF	→	Lisinopril	-	30mg	PO	Daily ¢	F
Trandolapril	Mavik	0.5mg	PO	Daily	NF	→	Lisinopril	-	5mg	PO	Daily	F
Trandolapril	Mavik	1mg	PO	Daily	NF	→	Lisinopril	-	10mg	PO	Daily	F
Trandolapril	Mavik	2mg	PO	Daily	NF	→	Lisinopril	-	20mg	PO	Daily	F
Trandolapril	Mavik	4mg	PO	Daily	NF	→	Lisinopril	-	30mg	PO	Daily	F
Benazepril/HCTZ	Lotensin HCT	5/6.25	PO	Daily	NF	→	Lisinopril*	-	5 mg	PO	Daily	F
Benazepril/HCTZ	Lotensin HCT	10/12.5	PO	Daily	NF	→	Lisinopril*	-	10 mg	PO	Daily	F
Benazepril/HCTZ	Lotensin HCT	20/12.5	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily	F
Benazepril/HCTZ	Lotensin HCT	20/25	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Captopril/HCTZ	Capozide	25/15	PO	Daily	NF	→	Captopril*	-	25mg	PO	Daily	F
Captopril/HCTZ	Capozide	25/25	PO	Daily	NF	→	Captopril*	-	25mg	PO	Daily	F
Captopril/HCTZ	Capozide	50/15	PO	Daily	NF	→	Captopril*	-	50mg	PO	Daily	F
Captopril/HCTZ	Capozide	50/25	PO	Daily	NF	→	Captopril*	-	50mg	PO	Daily	F
Enalapril/HCTZ	Vaseretic	5/12.5	PO	Daily	NF	→	Enalapril*	-	5mg	PO	Daily	F
Enalapril/HCTZ	Vaseretic	10/25	PO	Daily	NF	→	Enalapril*	-	10mg	PO	Daily ¢	F
Fosinopril/HCTZ	Monopril HCT	10/12.5	PO	Daily	NF	→	Lisinopril*	-	10mg	PO	Daily ¢	F
Fosinopril/HCTZ	Monopril HCT	20/12.5	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Lisinopril/HCTZ	Zestoretic	10/12.5	PO	Daily	NF	→	Lisinopril*	-	10mg	PO	Daily ¢	F
Lisinopril/HCTZ	Zestoretic	20/12.5	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Lisinopril/HCTZ	Zestoretic	20/25	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Moexipril/HCTZ	Uniretic	7.5/12.5	PO	Daily	NF	→	Lisinopril*	-	10mg	PO	Daily ¢	F
Moexipril/HCTZ	Uniretic	15/12.5	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Moexipril/HCTZ	Uniretic	15/25	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Quinapril/HCTZ	Accuretic	10/12.5	PO	Daily	NF	→	Lisinopril*	-	10mg	PO	Daily	F
Quinapril/HCTZ	Accuretic	20/12.5	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily** ¢	F
Quinapril/HCTZ	Accuretic	20/25	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily** ¢	F
Trandolapril/Verapamil	Tarka	1/240	PO	Daily	NF	→	Lisinopril*	-	10mg	PO	Daily	F
Trandolapril/Verapamil	Tarka	2/180	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Trandolapril/Verapamil	Tarka	2/240	PO	Daily	NF	→	Lisinopril*	-	20mg	PO	Daily ¢	F
Trandolapril/Verapamil	Tarka	4/240	PO	Daily	NF	→	Lisinopril*	-	30mg	PO	Daily ¢	F

Lisinopril 80mg is only indicated as the max dose for hypertension per package insert

* For combination products containing HCTZ/Verapamil, follow substitution on the ACE inhibitor portion and add HCTZ as a separate order. (de Leeuw, 1997)

** Treatment naïve patients ≥65 years of age, consider starting dose of 2.5-5mg daily (Aronow, 2011)

¢ Dose may be divided into BID dosing where clinically appropriate

Back to Master List	Proton Pump Inhibitors- <i>Updated 11/2013</i>										
Ordered Medication***							Pharmacy Dispensed Medication				
Generic	Brand	Dose	Route	Frequency	Formulary Status	Generic	Brand	Dose	Route	Frequency	Formulary Status
Dexlansoprazole	Dexilant	30mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	20mg	PO	Once Daily	F
Dexlansoprazole	Dexilant	60mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Esomeprazole granules	Nexium	2.5mg	PO	Once Daily	NF	→ Pantoprazole DR packet	Protonix*	40mg	PO	Once Daily	F
Esomeprazole granules	Nexium	5mg	PO	Once Daily	NF	→ Pantoprazole DR packet	Protonix*	40mg	PO	Once Daily	F
Esomeprazole granules	Nexium	10mg	PO	Once Daily	NF	→ Pantoprazole DR packet	Protonix*	40mg	PO	Once Daily	F
Esomeprazole granules	Nexium	20mg	PO	Once Daily	NF	→ Pantoprazole DR packet	Protonix*	40mg	PO	Once Daily	F
Esomeprazole granules	Nexium	40mg	PO	Once Daily	NF	→ Pantoprazole DR packet	Protonix*	40mg	PO	Once Daily	F
Esomeprazole	Nexium	20mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	20mg	PO	Once Daily	F
Esomeprazole	Nexium	40mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Esomeprazole injection	Nexium	20mg	IV	Once Daily	NF	→ Pantoprazole injection	Protonix	20mg	IV	Once Daily	F
Esomeprazole injection	Nexium	40mg	IV	Once Daily	NF	→ Pantoprazole injection	Protonix	40mg	IV	Once Daily	F
Lansoprazole	Prevacid	15mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	20mg	PO	Once Daily	F
Lansoprazole	Prevacid	30mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Lansoprazole disintegrating tablet	Prevacid	15mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	20mg	PO	Once Daily	F
Lansoprazole disintegrating tablet	Prevacid	30mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Omeprazole DR capsule	Prilosec	10mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	20mg	PO	Once Daily	F
Omeprazole DR capsule	Prilosec	20mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Omeprazole DR capsule	Prilosec	40mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Omeprazole packet	Prilosec	2.5mg	PO	Once Daily	NF	→ Pantoprazole DR packet	Protonix*	40mg	PO	Once Daily	F
Omeprazole packet	Prilosec	10mg	PO	Once Daily	NF	→ Pantoprazole DR packet	Protonix*	40mg	PO	Once Daily	F
Omeprazole DR tablet	Prilosec	20mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Pantoprazole packet	Protonix	40mg	PO	Once Daily	F	→ Pantoprazole packet	Protonix	40mg	PO	Once Daily	F
Pantoprazole DR tablet	Protonix	20mg	PO	Once Daily	F	→ Pantoprazole DR tablet	Protonix	20mg	PO	Once Daily	F
Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F
Pantoprazole injection	Protonix	40mg	IV	Once Daily	F	→ Pantoprazole injection	Protonix	40mg	IV	Once Daily	F
Rabeprazole DR tablet	Aciphex	20mg	PO	Once Daily	NF	→ Pantoprazole DR tablet	Protonix	40mg	PO	Once Daily	F

Footnotes

◊ Omeprazole is the preferred product in pediatrics.

Ω Pantoprazole tablet for Nasogastric tube administration: Separate the plunger from the barrel of a 60 mL catheter tip syringe and connect to a ≥16 French nasogastric tube. Holding the syringe attached to the tubing as high as possible, empty the contents of the packet into barrel of the syringe, add 10 mL of apple juice and gently tap/shake the barrel of the syringe to help empty the syringe. Add an additional 10 mL of apple juice and gently tap/shake the barrel to help rinse. Repeat rinse with at least 2-10 mL aliquots of apple juice. No granules should remain in the syringe.

● For appropriate dosing conversions from NF granule products, use 1/4, 1/2, or whole packet of pantoprazole granules when needed.