

**Medications Approved for Automatic Therapeutic Interchange  
Dosage Conversion Guidelines (revised 02/19/2021)**  
(Note: *“Therapeutic Interchange” should be placed in the order comments*)

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## Proton Pump Inhibitors

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Esomeprazole	Nexium	20 mg, 40 mg	Daily	Protonix	40mg	Daily
		40mg	BID			BID
Omeprazole*	Prilosec, Zegerid	10 mg, 20 mg, 40 mg	Daily			Daily
		40mg	BID			BID
Rabeprazole	Aciphex	20 mg	Daily			Daily
Lansoprazole	Prevacid, Prevacid Solu-tab	15 mg, 30 mg				
Dexlansoprazole	Kapidex	30 mg, 60 mg				
Pantoprazole	Protonix	20 mg				
Esomeprazole	Nexium	8mg/hr	Infusion	Protonix	8mg/hr	Infusion

Note: Prilosec Suspension may be used for patients with NG or PEG tube

## First Generation Antihistamines

Medication Ordered	Brand Name	Available Dosages	Route	Frequency	Formulary Medication	Equivalent Dose	Route	Frequency
Dimenhydrinate	Dramamine	50mg	PO	q4 or q6h PRN	Diphenhydramine	12.5mg	PO	Same as ordered
			IM or IV				IM or IV	
		100mg	PO			25mg	PO	
			IM or IV				IM or IV	
Medication Ordered	Brand Name	Strength	Route	Frequency	Formulary Medication	Equivalent Dose	Route	Frequency
Diphenhydramine	Benadryl	1%	Topical	As Ordered	Diphenhydramine	2%	Topical	Same as ordered
Medication Ordered	Brand Name	Available Dosages	Route	Frequency	Formulary Medication	Equivalent Dose	Frequency	
Hydroxyzine HCL	Atarax	25mg, 50mg, 100mg	PO	As Prescribed	Hydroxyzine Pamoate Capsules (Vistaril)	As Prescribed	As Prescribed	
		10mg & other doses less than 25mg			Hydroxyzine Suspension (Vistaril)			

## Second Generation Antihistamines

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Cetirizine	Zyrtec	5 mg, 10 mg	Daily	Loratadine (Claritin)	10 mg	Daily
Fexofenadine	Allegra	30 mg, 60 mg, 180 mg	Daily BID			
Loratadine-rapidly Disintegrating tablets	Claritin Reditabs, Alavert ODT	10 mg	Daily			
Desloratadine	Clarinex	5 mg	Daily			
Desloratadine-Rapidly disintegrating tablets	Clarinex Reditabs	5 mg	Daily			
Levocetirizine	Xyzal	2.5 mg, 5mg	Daily	Loratadine/ Pseudoephedrine (Claritin-D 12 Hour)	5/120 mg	BID
Cetirizine/ Pseudoephedrine	Zyrtec-D	5/120 mg	BID			
Fexofenadine/ Pseudoephedrine	Allegra-D	60/120 mg	BID			
Loratadine/ Pseudoephedrine	Claritin-D 24 Hour	10/240 mg	Daily	Loratadine/ Pseudoephedrine (Claritin-D 12 Hour)	5/120 mg	BID

## Ophthalmic Antihistamines

Medication Ordered	Brand Name	Available Dosages	Formulary Medication	Equivalent Dose	Frequency
Alcaftadine	Lastacraft	Any dose/frequency	Zaditor, Alaway (Ketitofen 0.025%)	1 drop	BID
Azelastine	Optivar				
Bepotastine	Bepreve				
Emedastine	Emadine				
Epinastine	Elestat				
Olopatidine	Pataday, Patanol				

## Sedative/Hypnotics/Sleep Agents

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Zapelon	Sonata	5 mg	HS	Zolpidem	5 mg	HS
Zolpidem CR	Ambien CR	6.25 mg				
Zapelon	Sonata	10 mg				
Zolpidem CR	Ambien CR	12.5 mg				
Flurazepam	Dalmane	15 mg		Temazepam	15 mg	
Triazolam	Halcion	0.125 mg				
Triazolam	Halcion	0.25 mg				
Flurazepam	Dalmane	30 mg			30 mg	

### Doxepin

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Doxepin	Silenor	3 mg 6 mg	HS	Doxepin	10 mg	HS

### Alprazolam Extended Release

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Alprazolam ER	Xanax XR	1mg	Daily	Alprazolam (regular release)	0.25mg	q6 hours
		2mg			0.5mg	
		3mg			0.5mg	
		4mg			1mg	

\* **Note:** Lunesta will not be substituted

\*\***Note:** Contact the MD for equivalent regular release alprazolam dosing when Xanax XR 0.5mg and doses >4mg/day are ordered.

## H2 Antagonists

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Ranitidine	Zantac	75 mg	75 mg BID	Famotidine	10 mg	BID
		150 mg	150 mg BID		20 mg	BID
		300 mg	Daily		40 mg	Daily
Cimetidine	Tagamet	300 mg	Q4-6hours		20 mg	BID
		400 mg	BID		20 mg	BID
		600-800 mg	Daily		40 mg	Daily
Nizatidine	Axid	75 mg	BID		10 mg	BID
		150 mg	BID		20 mg	BID
		300 mg	Daily		40 mg	Daily

**Note:** If the dosing falls outside of the above dosing, contact the MD to clarify conversion.

\* Famotidine dosage will be adjusted to 20 mg q24h when CrCl < 50 ml/min and no active GI bleeding

\*\* IV Cimetidine will be available for acute allergic reactions if desired

## Anticonvulsants

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Phenytoin IV	Dilantin IV	100 mg	Varies	Fosphenytoin	100 mg	Same Frequency
Phenobarbital (Oral)						
Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Phenobarbital	Various	32.4mg	Various	Phenobarbital	30mg	Same as ordered
		64.8mg			60mg	
		97.2mg			100mg	

## Low Molecular Weight Heparins

Medication Ordered	Brand Name	Available Dosages	Indication	Frequency	Formulary Medication	Equivalent Dose	Frequency
Dalteparin	Fragmin	2500 units	Prophylaxis	Daily	Enoxaparin	40 mg	Daily
		5000 units	Prophylaxis	Daily	Enoxaparin	40 mg	Daily
		**	**	**	Enoxaparin	30 mg	Q12 Hours
		120 units/kg	Unstable angina or non-Q-wave myocardial infarction	Q12 Hours	Enoxaparin	1 mg/kg <sup>+</sup>	Q12 Hours
		200 units/kg	VTE*	Daily	Enoxapain	1 mg/kg	Q12 Hours

**Note:** If the dosing falls outside of the above dosing, contact the MD to clarify conversion.

<sup>+</sup>Dosage adjustment necessary in patients with CrCl less than 30 ml/min

\*\*Fragmin Does not have an indication for Knee Replacement

\*Indication for VTE in Cancer Only for Fragmin

Low Molecular Weight Heparin (Rounding)				
Medication Ordered	Brand Name	Route	Substituted Medication	Criteria for Use
Enoxaparin 30 mg Q12 Hours	Lovenox	SC	Enoxaparin 40 mg SC Daily	Hip-Replacement surgery: Extended Prophylaxis in Hip Replacement; Abdominal surgery at Risk for thromboembolic complications. (Continue use of enoxaparin 30 mg SC Q12H for post knee surgery & Trauma Patients)
Enoxaparin Dose Rounding based on weight**	Lovenox	SC	<b>Wt range (kg)</b>	<b>Dose</b>
			40-45	40 mg
			46-55	50 mg
			56-65	60 mg
			66-75	70 mg
			76-85	80 mg
			86-95	90 mg
			96-105	100 mg
			<40kg	Exact dose will be made by pharmacy in a syringe.
			>105 to 150 kg	Dose will be rounded to the nearest 10 mg increment
			>150kg Insufficient data in ACS and DVT treatment. Physician will be contacted	
<b>Note:</b> If the dosing falls outside of the above dosing, contact the MD to clarify conversion.				

\*\*Dosages were rounded in the ESSENCE trial: Efficacy and Safety of Subcutaneous Enoxaparin in Non-Q Wave Coronary Events



## Analgesics

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Hydrocodone/ Acetaminophen	Lortab	5 mg / 500 mg	Same as ordered	Norco	5 mg / 325 mg	Same as ordered
		7.5 mg / 500 mg			7.5 gm / 325 mg	
		10 mg / 500 mg			10 mg / 325 mg	
Oxymorphone extended-release	Opana ER	5-7.5mg	BID	MS Contin	15mg	BID
		10-15mg			30mg	
		20-30mg			60mg	
		40mg			100mg	
Tapentadol	Nucynta	50-75mg	Same as ordered	OxyIR	10mg	Same as ordered
		100mg			15mg	

\*\*\*Opana ER can be continued if it is a patient's own home medication if dose cannot be matched by what is stocked by the hospital  
(Note: Patient's supply must be verified to ensure they have enough to accommodate length of stay)

### Demerol Conversion

Meperidine (Demerol)	Morphine	Hydromorphone (Dilaudid)
12.5 mg	1 mg	0.25 mg
25 mg	2.5 mg	0.5 mg
50 mg	5 mg	1 mg
>75	Call	Call
Other doses (below 75 mg)	Round-down after converting using 0.13 multiplier. Pharmacist may round-down to the nearest standard dose Morphine.	Round-down after converting using 0.02 multiplier. Pharmacist may round-down to the nearest standard dose Dilaudid.

Formulary; restricted to use in prevention of drug-induced or blood product-induced rigors (e.g. amphotericin B, platelets) and treatment of post-op shivers. PCA/IV/PO/IM use non-formulary for all other indications. Call provider and recommend above conversion.

### Toradol Automatic Renal Dosing

\*\*\*Contraindicated in patients with CrCl <30mL/min or those receiving dialysis\*\*\*

Inclusion Criteria:	Ordered dose/frequency	Conversion
	<ul style="list-style-type: none"> <li>• Patients &gt;65 years of age</li> <li>• Patient &lt; 50kg</li> <li>• Renal impairment (CrCl 30-50mL/min)</li> </ul>	30-60mg IV/IM q6-12 hrs
30-60mg IV/IM q6-12 hrs PRN		15mg IV/IM at same frequency (max q6h)
10-20mg PO q4-6 hrs		10mg PO at same frequency (max q6h)
10-20mg PO q4-6 hrs PRN		10mg PO at same frequency (max q6h)

### Tramadol

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Tramadol ER	Ultram ER	100mg	Daily	Tramadol (Ultram)	25mg	QID
		200mg			50mg	
		300mg			75mg	

Generic	Brand	Dose	Frequency	Components	Dose	Frequency	Note
Tramadol/APAP 37.5/325	Ultracet	2 tablets	Q4-6Hours PRN	Tramadol 50 mg	2 tablets	Same as ordered	Max Daily Dose of Tramadol: 400 mg Do Not Exceed 5 days of therapy
				Acetaminophen 325 mg	2 tablets		

### Tylenol Arthritis

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Acetaminophen SR	Tylenol Arthritis	1.3 grams	Every 8 hours	Tylenol ES	1000 mg	QID

### NSAIDs

Medication Ordered	Brand Name	Dosage (naproxen sodium equivalent)	Frequency	Formulary Medication	Equivalent Dose	Frequency
Naproxen	Anaprox	275 mg	BID	Naproxen	250 mg	BID
	Anaprox DS	550 mg			500 mg	
	Aleve	220 mg			250 mg	

### Antiemetics: 5-HT3 Antagonists

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Granisetron	Kytril	1 mg	Same as ordered	Ondansetron	16 mg	Same as ordered
		2 mg				
Dolasetron	Anzemet	100 mg				
		200 mg				

**Note:** Oral granisetron approved for use in pediatric patients who have failed ondansetron

**Note:** If the dosing falls outside of the above dosing, contact the MD to clarify conversion.

### Antiemetics: Miscellaneous

Medication Ordered	Brand Name	Available Dosages	Route	Frequency	Formulary Medication	Equivalent Dose	Route	Frequency
Trimethobenzamide	Tigan	300mg	PO	q6 or q8h PRN	Ondansetron	4mg	PO	q6h PRN
	Tigan inj.	100mg	IM				IM	

*Exclusions: patients with myeloid malignancies, pediatrics (age <18 years), mobilization, and post-stem cell transplant*

### Migraine Agents: 5-HT<sub>1</sub> Receptor Agonists

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Eletriptan	Relpax	20mg	Once	Sumatriptan	25mg	Once
Rizatriptan	Maxalt	5mg				
Zolmitriptan	Zomig	2.5mg				
Almotriptan	Axert	6.25-12.5mg			50mg	
Eletriptan	Relpax	40mg				
Frovatriptan	Frova	2.5mg				
Naratriptan	Amerge	1-2.5mg				
Rizatriptan	Maxalt MLT	10mg				
Zolmitriptan	Zomig	5mg				
Sumatriptan/Naproxen	Treximet	85mg/500mg				

*Note: Rizatriptan approved for use in patients who have failed sumatriptan*

### Migraine Agents: Fiorinal

Medication Ordered	Formulary Medication
Fiorinal Tablets	Fiorinal Capsules

### Alpha-1 Blockers

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Alfuzosin	Uroxatral	10 mg	Daily	Flomax	0.4 mg	Daily
Silodosin	Rapaflo	4 mg, 8 mg	Daily			

## Urinary Anticholinergics

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Tolterodine	Detrol	1 mg	BID	Oxybutynin (Ditropan)	2.5 mg	BID
		2 mg			5 mg	
		2 mg	Daily		2.5 mg	
Tolterodine	Detrol LA	2 mg	Daily	Oxybutynin (Ditropan XL)*	5mg	Daily**
		4 mg			10mg	
Solifenacin	VESicare	5 mg	Daily	Oxybutynin (Ditropan XL)*	5 mg	Daily**
		10 mg			10 mg	
Darifenacin	Enablex	7.5 mg	Daily	Oxybutynin (Ditropan XL)*	5 mg	Daily**
		15 mg			10 mg	
Fesoterodine	Toviaz	4 mg	Daily	Oxybutynin (Ditropan XL)*	5 mg	Daily**
		8 mg			10 mg	
Trospium	Sanctura	20 mg	Daily	Oxybutynin (Ditropan XL)*	5 mg	Daily**
		20 mg	BID		10 mg	
		60mg	Daily		10 mg	

\* If order to be given via NG or PEG route, convert to immediate release at the same total daily dose divided twice a day

\*\* 30mg daily maximum for adults (Drug Information Handbook, 12th Edition, Lexi-Comp)

## Insulins

Medication Ordered	Brand Name	Formulary Medication
Insulin Regular	Novolin R	Humulin R
Insulin NPH	Novolin N	Humulin N
Insulin 70/30 (NPH/Regular)	Novolin 70/30	Humulin 70/30
Insulin lispro	Novolog	Humalog
Insulin 70/30 Mix (aspart protamine/aspart)	Novolog Mix 70/30	Humalog Mix 75/25

**Note<sub>1</sub>:** All other insulins should be filled as ordered

**Note<sub>2</sub>:** Do not interchange if patient allergic

## Sulfonylurea Hypoglycemics

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Glipizide XL	Glucotrol XL	2.5 mg	Daily	Glipizide	2.5 mg	Daily
		5 mg			2.5 mg	BID before meals
		10 mg				
		20 mg				
Glyburide	Micronase, Diabeta	2.5 mg	Same as ordered		2.5 mg	Same as ordered
		5 mg				
		10 mg				
Glyburide, micronized	Glynase PressTab	1.5 mg	Same as ordered		2.5 mg	
		3 mg			5 mg	
		6 mg			10 mg	
Glimepiride	Amaryl	1 mg	Daily		2.5 mg	Daily
		2 mg			2.5 mg	BID before meals
		4 mg				
		8 mg				

**Note:** Glyburide 1.25 will remain on formulary and may be used **alone** or **in combination** with metformin to make Glucovance 1.25/250

## Metformin

Medication Ordered	Brand Name	Dose & Frequency		Formulary Medication	Equivalent Dose	Frequency
Metformin (extended release)	Glucophage XR**, Fortamet***, Glumetza**	500 mg	Daily*	Glucophage (Metformin)	500 mg	Daily
		750mg			850mg	Daily
		1000 mg			500 mg	BID
		1500 mg			500 mg Daily & 1000 mg HS	
		2000 mg			1000 mg	BID
		2500 mg			1000 mg Daily & 1500 mg HS	

\*Note: If ordered dose already BID, then use same dose and frequency

\*\*Note: Only approved for a maximum of 2000 mg per day

\*\*\* Maximum daily dose of 2500 mg

## Dipeptidyl Peptidase IV (DPP-IV) Inhibitors

Medication Ordered	Brand Name	Dosage (naproxen sodium equivalent)	Frequency	Formulary Medication	Equivalent Dose	Frequency
Alogliptin	Nesina	25mg	Daily	Sitagliptin	100 mg	Daily
		12.5mg			100mg 50mg if CrCl ≤ 30-50ml/min	
		6.25mg			25mg	
Linagliptin	Tradjenta	5mg			100mg 50mg if CrCl 30-50ml/min 25mg if CrCl ≤ 30ml/min or on HD	
		5mg			100mg	
Saxagliptin	Onglyza	2.5mg			50mg 25mg if CrCl ≤ 30ml/min	

## Vitamins

Vitamin Ordered	Substituted Vitamin
Nephrocaps	ProRenal Vital (1 daily)
Nephrovite Rx	
Foltx	
Folbee	
Folgard	
Folbee Plus	
Diatx Zn	
Cerefolin	
Metanx	
Z-Bec	
One-a-Day	Theragran
Stress Formula	
Allbee w/ C	Surbex T
Vicon Forte	
Berocca	
Icaps	
Protegra	Theragran-M
Centrum Silver	
Centrum	
Optivite P.M.T	
Bacmin	
Folic acid 400 mcg	Folic acid 1 mg
Cholecalciferol (Vitamin D <sub>3</sub> ) All Strengths	Vitamin D 400 units (Round dose to nearest whole tablet) i.e. – 800 units = 2 tablets

## Iron Products

Medication Ordered	Brand Name	Available Dosages	Formulary Medication	Equivalent Dose	Frequency
Ferrous Gluconate	Fergon	300mg ,324mg	Ferrous Sulfate	325 mg	Same as Ordered
Ferrous Fumarate	Various	90 mg			
	Hemocyte	324 mg			
	Ferretts	325 mg			
	Nephro-Fer	350 mg			
	Ferro-Sequels	150 mg			
Ferrous Sulfate, exsiccated	Feosol	200 mg			
	Feratab	300 mg			
	Slow Fe	160 mg			
Carbonyl Iron	Feosol	45mg			
	Iron	66mg			
Polysaccharide-Iron Complex	Niferex	60 mg			
	Ferrex	150 mg			
	Fe-Tinic	150 mg			
	Hytinic	150 mg			
	Nu-Iron	150 mg			
Iron w/ Vit C	Vitron-C	66 mg			
	Ferro-Grad 500	105 mg			
	Ferrex 150 Plus	150 mg			
	Niferex-150	150 mg			
	Vitelle Ironspan	65 mg			
	Icar-C	100 mg			

**Note:** Niferex-150 Forte does not currently have a substitute

## Chromagen

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Multivitamin with Iron	Chromagen	1 capsule	Same as ordered	Ferocon(Trinsocon)	1 capsule	Same as ordered
	Chromagen Forte	1 capsule			2 capsules	

## Iron (Intravenous)

Medication Ordered	Brand Name	Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Sodium Ferric Gluconate	Ferrlecit	125 mg*	Daily	Venofer	100 mg**	Same as ordered
Sodium Ferric Gluconate	Ferrlecit	250 mg	Once	Venofer	250 mg	Once

If the physician orders a specific number of doses that will not match the final cumulative dose of Venofer, please contact the physician (Ex. Ferrlecit 125 mg times 4 doses with total cumulative dose being 500mg. One recommendation might be that the patient receive 3 doses of Venofer 100mg and one dose of Venofer 200mg)

\*Note: Normally takes cumulative dose of 1000 mg to achieve favorable response or 8 doses

\*\*Note: Normally takes cumulative dose of 1000 mg to achieve favorable response or 10 doses.

\*\*\* Note: Approved to be converted from IVPB to IV Push (over 2-5 minutes)

## Carbapenems

Medication Ordered	Brand Name	Available Dosages	Formulary Medication	Creatinine Clearance	Equivalent Dose	Frequency
Doripenem	Doribax	250mg, 500mg	Meropenem	> 50 ml/min	0.5g (2g for meningitis)	q6h (q8h for meningitis)
				26-50ml/min	0.5g (2g for meningitis)	q8h (q12h for meningitis)
				10-25ml/min	0.5g (1g for meningitis)	q12h
Imipenem-cilastatin	Primaxin	250mg, 500mg, 1000mg		<10ml/min	0.5g (1g for meningitis)	q24h
				Hemodialysis	0.5g	q24h (after HD)
				CAPD	0.5g (1g for meningitis)	q24h
				CRRT	0.5g (1g for meningitis)	q6h (q12h for meningitis)

## Biaxin

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Clarithromycin XL	Biaxin XL	1000 mg	Daily	Biaxin	500 mg	BID

## Tetracyclines

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Doxycycline Tablets	Vibra-tabs	100 mg	BID	Vibramycin Capsules	100 mg	BID
Tetracycline	Sumycin	250mg, 500mg	Any			



## Cephalosporins

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Cefotaxime	Claforan	1gm	q8h or q12h	Ceftriaxone	1gm	q24h
		2gm	q8h or q12h		2gm	q24h
		1gm	q4h or q6h		1gm	q12h
		2gm	q4h or q6h		2gm	q12h
		Creatinine Clearance	< 10 ml/min		Call MD with Recommendation based on diagnosis (see lexicomp)	
Ceftazidime	Fortaz	1gm	q8h	Cefepime	1gm	q12h
		2gm	q8h		2gm	q12h
		1gm	q12h		1gm	Q24h
		Creatinine Clearance	< 60 ml/min	Call MD with Recommendation based on diagnosis (see lexicomp)		

Exceptions: These agents are approved for use in pediatric patients

## Cephalosporins (Pediatrics)

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency	
Cefadroxil	Duricef	15mg/kg	Q12hours	Cephalexin	12.5mg/kg	Q6hours	
		1 gm	Q12hours		250mg	Q6hours	
		Creatinine Clearance	< 40mL/min		250mg	12.5mg/kg	Q8hours
			< 10mL/min			12.5mg/kg	Q12hours
Cefprozil	Cefzil	15mg/kg	Q12hours	Cefuroxime	15mg/kg	Q12hours	
		250mg	Q12hours		250mg	Q12hours	
		Creatinine Clearance	< 10mL/min		250mg	15mg/kg	Q24hours
						250mg	Q24hours
Cefpodoxime	Vantin	5mg/kg	Q12hours	Cefdinir	7mg/kg	Q12hours	
		200mg	Q12hours		300mg		
		Creatinine Clearance	< 30mL/min		7mg/kg	7mg/kg	Q24hours
			Hemodialysis			300mg	
		7mg/kg	After HD				

## Cephalosporins (Adults)

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Cefotaxime	Claforan	1gm	q8h or q12h	Ceftriaxone	1gm	q24h
		2gm	q8h or q12h		2gm	q24h
		1gm	q4h or q6h		1gm	q12h
		2gm	q4h or q6h		2gm	q12h
		Creatinine Clearance	< 10 ml/min		Call MD with Recommendation based on diagnosis (see lexicomp)	
Ceftazidime	Fortaz	1gm	q8h	Cefepime	1gm	q12h
		2gm	q8h		2gm	q12h
		1gm	q12h		1gm	Q24h
		Creatinine Clearance	< 60 ml/min	Call MD with Recommendation based on diagnosis (see lexicomp)		

## Fluoroquinolones

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Moxifloxacin	Avelox	400 mg (IV/PO)	every 24 hours	Levofloxacin (IV/PO)	750 mg	every 24 hours

## Extended-Spectrum Penicillins

Medication Ordered	Brand Name	Ordered Dosage	Route/ Frequency	Formulary Medication	Creatinine Clearance	Frequency
Ticarcillin/ clavulanate	Timentin	2g - 3.1g	IV q 4-24h	Zosyn	>40ml/min	3.375g IV q6h
					20-40ml/min	2.25g IV q6h
					<20ml/min	2.25g IV q8h
					Hemodialysis	2.25g IV q8h + 0.75g IV after HD
					CAPD	4.5g IV q12h
					CRRT	2.25g IV q6h

## Echinocandins

Medication Ordered	Brand Name	Dosages	Frequency	Indication	Formulary Medication	Equivalent Dose	Frequency
Caspofungin	Cancidas	70 mg stat, then 50 mg	every 24 hours	Candidemia & disseminated candidiasis	Micafungin**	100 mg	Daily
Anidulafungin	Eraxis*	200 mg stat, then 100 mg					
Caspofungin	Cancidas	50 mg	every 24 hours	Esophageal Candidiasis	Micafungin**	150 mg	Daily
Anidulafungin	Eraxis	100 mg stat, then 50 mg					

\*\* Note: Does NOT require adjustment for moderate hepatic impairment

## Antifungals

Medication Ordered	Brand Name	Indication/Use	Frequency	Formulary Medication	Equivalent Dose	Frequency
Amphotericin B Lipid Complex	Abelcet	Candidiasis Neutropenic Fever General Empiric Use	Daily	Liposomal Amphotericin B (Ambisome)	3mg/kg	Daily
		Aspergillosis Mucomycosis Blastomycosis			5mg/kg	
		Cryptococcal Meningitis			6mg/kg	

## Aminoglycoside Ophthalmic Drops

Medication Ordered	Brand Name	Available Dosages	Formulary Medication	Equivalent Dose	Frequency
Gentamicin	Genoptic, Gentak, Garamycin	Any dose/frequency	Tobrex (tobramycin)	Same as Prescribed	Same as Prescribed

## Topical Antivirals

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Dose	Frequency
Acyclovir	Zovirax Cream Zovirax Ointment	5%	As prescribed	Docosonal 10% (Abreva)	Same as prescribed	Same as prescribed (up to 5x/day)
Penciclovir	Denavir Cream	1%	As prescribed			
Acyclovir/HCT	Xerese Cream	5%/1%	As prescribed			

*Zovirax 5% 30gm ointment (\$643.47), Zovirax 5gm cream (\$315.35), Denavir 1% 5gm cream (\$267.39), Xerese 5gm cream (\$310.83), Abreva 10% 2gm cream (\$14.11)*

## Topical Azoles

Medication Ordered	Brand Name	Strength	Frequency	Formulary Medication	Equivalent Dose	Frequency
Oxiconazole Cream	Oxistat	1%	Daily or BID	Ketoconazole Topical Cream	2%	Same as Ordered
Clotrimazole-Betamethasone Lotion	Lotrisone	1%-0.05%	BID	Clotrimazole-Betamethasone Cream	1%-0.05%	BID

## Miscellaneous Antifungals

Medication Ordered	Brand Name	Strength	Frequency	Formulary Medication	Equivalent Dose	Frequency
Butenafine Cream	Lotrimin Ultra, Mentax	1%	QD or BID	Terbinafine Topical Cream	1%	Same as Ordered
Tolnaftate Spray	Tinactin	1%	BID	Tolnaftate Topical Powder	1%	BID

## Vaginal Antifungals

Medication Ordered	Brand Name	Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Clotrimazole Vaginal Cream	Gyne-Lotrimin	2%	HS for 3 days	Clotrimazole vaginal cream	1%	HS for 7 nights
Miconazole Vaginal Cream	Monistst	2%	HS for 7 nights			
Terconazole Vaginal Cream	Terazol	0.4%				
Terconazole Vaginal Cream	Terazol	0.8%	HS for 3 days			
Terconazole Suppository	Terazol	80mg	HS for 3 nights	Miconazole suppository	200mg	HS for 3 nights
Miconazole Suppository	Monistst	100mg	HS for 7 nights			

## Topical Mupirocin

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Dose	Frequency
Mupirocin cream	Bactroban Cream	2%	As prescribed	Mupirocin ointment (22 gm tube)	As prescribed	Same as prescribed
Mupirocin nasal ointment	Bactroban Nasal Ointment					

*Bactroban 2% 22gm ointment (\$7.35), Bactroban 15gm cream (\$38.56), Bactroban nasal ointment 2% 10x1gm ointment (\$99.70)*

## Antimicrobials (UTI)

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Nitrofurantin	Macrochantin	50mg	QID	Macrobid	100mg	BID
		100mg				

### Intranasal Corticosteroids

Medication Ordered	Brand Name	Equivalent Dose	Frequency	Formulary Medication	Equivalent Dose	Frequency
Mometasone	Nasonex	2 spray	Daily	Fluticasone (Flonase)	2 spray	Daily
		2 spray	BID			
Beclomethasone	Beconase AQ	1 spray	BID			
		2 spray				
Triamcinolone	Nasacort AQ	1 spray	Daily			
		2 spray				
Budesonide	Rhinocort Aqua	1 spray	Daily			
		2 spray				
		3 spray				
		4 spray				
Flunisolide	Nasarel	1 spray	TID			
		2 spray	BID			
		2 spray	TID			
		2 spray	QID			
Fluticasone	Veramyst	1 spray	Daily			
		2 spray				
Ciclesonide	Omnaris	2 spray	Daily			

### Long-acting Bronchodilators

Medication Ordered	Brand Name	Dose/Frequency	Formulary Medication	Dose/Frequency
Salmeterol	Serevent Diskus	1 inhalation BID	Foradil Aerolizer (formoterol fumarate)	1 inhalation BID
Indacaterol	Arcapta Neohaler	1 inhalation Daily		
Formoterol Fumurate	Perforomist	1 inhalation BID		
Olodaterol	Striverdi Respimat	2 inhalations		

### Combivent

Medication Ordered	Brand Name	Available Dosages	Formulary Medication	Equivalent Dose	Frequency
Albuterol/ipratropium MDI	Combivent	1-2 puffs	Albuterol 3mg/Ipratropium 0.5mg (Duoneb)	1 nebulization	QID

\*\*Conversion restricted to patients in the ICU

## Long-acting Bronchodilators + Corticosteroids (Adults)

Medication Ordered	Brand Name	Dose/Frequency	Formulary Medication	Dose/Frequency
Budesonide/ Formoterol	Symbicort 80/4.5	2 inhalations BID	Breo 100/25 (Fluticasone/vilanterol)	1 Inhalation Daily
	Symbicort 160/4.5	2 inhalations BID	Breo 200/25	1 Inhalation Daily
Mometasone/ Formoterol	Dulera 100/5	2 inhalations BID	Breo 100/25	1 Inhalation Daily
	Dulera 200/5	2 inhalations BID	Breo 200/25	1 Inhalation Daily
Fluticasone/ Salmeterol	Advair Diskus/HFA	≤ 500mcg Fluticasone Daily	Breo 100/25	1 Inhalation Daily
		>500mcg Fluticasone Daily	Breo 200/25	1 Inhalation Daily

## Inhaled Corticosteroids (Adults)

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Beclomethasone HFA	QVAR	40mcg ≤ 12 puffs	Daily	Arnuity Ellipta (Fluticasone furoate)	100 mcg	Daily
		40mcg > 12 puffs			200mcg	
		80mcg ≤ 6 puffs			100mcg	
		80mcg > 6 puffs			200mcg	
Ciclesonide HFA	Alvesco	80mcg: ≤ 8 puffs	Daily		100mcg	Daily
		80mcg: > 8 puffs			200mcg	
		160mcg: ≤ 4 puffs			100mcg	
		160mcg: > 4 puffs			200mcg	
Fluticasone HFA	Flovent HFA	44mcg ≤ 10 puffs	Daily		100mcg	Daily
		44mcg > 10 puffs			200mcg	
		110mcg ≤ 4puffs			100mcg	
		110mcg > 4puffs			200mcg	
		220mcg ≤ 2puffs		100mcg		
		220mcg > 2puffs		200mcg		
Fluticasone DPI	Flovent Diskus	100mcg ≤ 5puffs	Daily	100mcg	Daily	
		100mcg > 5puffs		200mcg		
		250mcg ≤ 2puffs		100mcg		
		250mcg > 2puffs		200mcg		
Flunisolide HFA	Aerospan	80mcg ≤ 8puffs	Daily	100mcg	Daily	
		80mcg > 8puffs		200mcg		
Mometasone DPI	Asmanex Twisthaler	110mcg ≤ 4puffs	Daily	100mcg	Daily	
		110mcg > 4puffs		200mcg		
		220mcg ≤ 2puffs		100mcg		
		220mcg > 2puffs		200mcg		

## Anticholinergic + Bronchodilator

Medication Ordered	Brand Name	Dose/Frequency	Formulary Medication	Dose/Frequency
Tiotropium/olodaterol	Stiolto Respimat	2 inhalations Daily	Anoro Ellipta (Umeclidinium/vilanterol)	1 inhalation Daily

## Beta-2 Agonists

Medication Ordered	Brand Name	Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Levalbuterol	Xopenex	0.63	Every 8 hours	Albuterol	1.25 mg	Every 6 hours
			All other frequencies			Same as ordered
Levalbuterol	Xopenex	1.25 mg	Every 8 hours		2.5 mg	Every 6 hours
			All other frequencies			Same as ordered
Levalbuterol	Xopenex HFA	As ordered	Prescribed frequency	Ventolin HFA	Same dose	Same frequency

**Note:** If Atrovent is being administered q8h to be given with Xopenex, convert to q6h dosing.

## Ophthalmic Glaucoma Agents

Medication Class	Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Prostaglandin Analogs	Bimatoprost	Lumigan	1 Drop to Affected Eye	HS	Xalatan (Latanoprost)	1 Drop to Affected Eye	HS
	Travoprost	Travatan					
		Travatan Z					
Carbonic Anhydrase Inhibitor	Brinzolamide	Azopt	1 Drop to Affected Eye	TID	Trusopt (Dorzolamide)	1 Drop to Affected Eye	TID
α <sup>2</sup> -agonist/beta-agonist	Brimonidine 0.2%/Timolol 0.5%	Combigan	1 Drop to Affected Eye	BID	Brimonidine 0.2%	1 Drop to Affected Eye	BID
					Timolol 0.5%	1 Drop to Affected Eye	BID
α <sup>2</sup> -agonist	Brimonidine 0.1%, 0.15%	Alphagan, Alphagan P	Same Dose	Same Frequency	Brimonidine 0.2%	Same Dose	Same Frequency
Carbonic Anhydrase Inhibitor/beta-agonist	Dorzolamide/Timolol	Cosopt	1 Drop to Affected Eye	BID	Dorzolamide 2%	1 Drop to Affected Eye	BID
					Timolol 0.5%	1 Drop to Affected Eye	



### Steroids (Topical) - Very High Potency

Medication Ordered	Brand Name	Dosage Form	Frequency	Formulary Medication	Dosage Form	Frequency
Clobetasol 0.05%	Dermovate	Cream, Ointment	As Directed on Order	Halobetasol propionate 0.05% Cream	Same as Ordered	Same as Ordered
Clobetasol 0.05%	Temovate					
Diflorasone diacetate 0.05%	Psorcon, ApexCon					
Fluocinonide 0.1%	Vanos, Lidex					

### Steroids (Topical) - High Potency

Medication Ordered	Brand Name	Dosage Form	Frequency	Formulary Medication	Dosage Form	Frequency
Amcinonide 0.1%	Cyclocort	Cream, Ointment	As Directed on Order	Triamcinolone 0.5%	Same as Ordered	Same as Ordered
Betamethasone 0.05% Cream	Alphatrex					
Betamethasone 0.05% Cream	Diprisone, Driprolene AF					
Desoximetasone 0.05 - 0.25%	Topicort					
Diflorasone 0.05%	Florane	Cream				
Diflorasone 0.05%	Maxiflor	Cream, Ointment				
Diflorisone diacetate	Psorcon (Any Strength)					
Fluocinonide 0.05%	Lidex					
Fluticasone propionate 0.005% Ointment	Cutivate					
Halcinonide 0.5%	Halog					

## Steroids (Topical) – Medium Potency

Medication Ordered	Brand Name	Dosage Form	Frequency	Formulary Medication	Dosage Form	Frequency
Beclometasone Dipropionate 0.025 %	Propaderm, Betanate	Cream, Ointment	As Directed on Order	Triamcinolone 0.025%	Same as Ordered	Same as Ordered
Betamethasone 0.025%	Beben					
Betamethasone 0.025%	Uticort					
Clobetasone 0.05%	Eumovate					
Desoximetasone 0.05%	Topicort					
Diflucortolone valerate 0.1%	Nerisone					
Fluocinolone 0.01 – 0.25%*	Synalar			Triamcinolone * 0.025 – 0.1%		
Flurandrenolide 0.025 – 0.05%*	Cordran			Triamcinolone 0.025%		
Flurandrenolide 0.025 – 0.05%*	Drenison					
Hydrocortisone butyrate 0.1%	Locoid					
Hydrocortisone valerate 0.2%	Westcort					
Hydrocortisone probutate 0.1%	Pandel					
Mometasone 0.1%	Elocon			Triamcinolone * 0.025 – 0.1%		
Triamcinolone 0.015 – 0.1%*	Kenalog					

\*Note: Convert lower strength to lower strength and higher strength to higher in these cases.

### Steroids (Topical) - Low Potency

Medication Ordered	Brand Name	Dosage Form	Frequency	Formulary Medication	Dosage Form	Frequency
Aclometasone 0.05%	Aclovate	Cream, Ointment	As Directed on Order	Hydrocortisone 0.25%	Same as Ordered	Same as Ordered
Clioquinol/Flumethasone	Locacorten			Hydrocortisone 0.5%		
Desonide 0.05%	Desowen					
Dexamethasone 0.04 – 0.1%	Decaderm			Hydrocortisone 0.25 %		
Dexamethasone 0.1%	Decadron					
Flurandrenolide 0.0125%	Cordran					
Flurandrenolide 0.0125%	Drenison			Hydrocortisone (Same Strength)		
Hydrocortisone 0.1 – 1%	Cortaid					
Hydrocortisone 0.1 – 1%	Cortefete					
Methyprednisolone 0.25 – 1%	Medrol					
Hydrocortisone 2.5% Oint	Cortaid	Ointment	As Directed on Order	Hydrocortisone 1% Ointment	Same as Ordered	Same as Ordered

### Topical Corticosteroids (Lotion)

Medication Ordered	Dosage Form	Frequency	Formulary Medication	Dosage Form	Frequency
Triamcinolone Acetonide 0.025 % Lotion	Lotion	As Directed on Order	Hydrocortisone Lotion	1%	Same as Ordered
Triamcinolone Acetonide 0.1 % Lotion					
Hydrocortisone-Pramoxine 1 %-1 % Lotion					

### Atopic Dermatitis

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Pimecrolimus Topical Cream	Elidel	1%	BID	Tacrolimus Topical Ointment	0.03 %	BID

Medication Ordered	Brand Name	Dose	Frequency	Formulary Medication	Equivalent Dose	Frequency
Pramoxine-Calamine 1 %-8 % Lotion	Caladryl	As directed on Order	As directed on Order	Calamine 8 %-Zinc Oxide 8 % Lotion	Same as Ordered	Same as Ordered

### Oral Potassium

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Potassium Chloride Powder	K-Lor Klor-Con Kay Ciel	1 packet (20 mEq)	Same as ordered	Potassium Chloride Controlled Release (Wax Matrix)	20mEq*	Same as ordered
		2 packets (40mEq)			40mEq*	
Potassium bicarbonate effervescent tablets	Effer-K	10mEq	Same as ordered		10mEq*	Same as ordered
		20mEq			20mEq*	
	K-Lyte Klor-Con/EF Effer-K	25mEq			20mEq*	
		K-Lyte DS K-Lyte-CI 50			50mEq	
Potassium Chloride Extended Release (microencapsulated)	Micro-K	8mEq	Same as ordered		10mEq	Same as ordered
		10mEq				
Potassium Chloride Controlled Release (Wax Matrix)	K-Dur K-Tab Klor-Con Kaon-CI Klotrix	8mEq	Same as ordered		10mEq	Same as ordered
		10mEq				
		20mEq		20mEq		
Potassium Gluconate tablets	Potassium Gluconate tablets	595 mg (99 mg of K <sup>+</sup> )	Various	Discontinue and route to physician for signature		

Oral: Swallow tablets whole; do not crush, chew, or suck on tablet. Tablet may be broken in half and swallowed separately; The tablet may be dissolved in ~ 4 ounces of water (allow ~ 2 minutes to dissolve, stir well and drink immediately. Add another 30ml of water, swirl and drink immediately)

Per Peg, J Tube, NG Tube, OG Tube: Dissolve in 30 ml of water. (allow ~ 5 minutes to dissolve, stir well and administer immediately. Add another 15ml of water, swirl and administer immediately.)

\*

## Calcium Products

Medication Ordered	Brand Name	Available Dosages	Formulary Medication	Equivalent Dose (elemental)	Frequency
Calcium Carbonate	Calcarb Forte	1250mg (500 mg)	Calcium Carbonate	500 mg	
	Oysco 500				
	Os-Cal 500				
	Oyst-Cal 500				
	Calci-Mix	1500mg (600 mg)			
	Calcium 600				
	Caltrate 600				
Nephro-Calci					
Calcium Carbonate (chewable)	Tums	500mg (200 mg)	Generic Calcium Carbonate (Chewable)	420 mg (168 mg)	Same as ordered
	Cal-Gest	750mg (300 mg)		840 mg (336 mg)	
	Tums E-X				
	Tums Calcium for Life PMS	1000mg (400 mg)		1250 mg (500 mg)	
	Tums Ultra	1250mg (500 mg)			
	Cal-Carb Forte				
	Calci-Chew				
	Os-Cal 500 (chew)				
Tums Calcium for Life Bone Health					
Calcium Citrate	Cirtracal	950mg (200mg)	Calcium Carbonate (Chewable)	420 mg (168 mg)	
		1900mg (400mg)		840 mg (336 mg)	
Calcium with D	All Brands	All Strengths	Calcium Carbonate 500 mg plus 250 units	500/250mg	

## Antiarrhythmics

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Propafenone Sustained Release	Rythmol SR	225mg	BID	Propafenone	150mg	TID
		325mg				TID
		425mg				TID

## Dihydropyridine Calcium Channel Blockers

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Nifedipine ER	Adalat CC	30 mg	Various	Procardia XL	30 mg	Same as Ordered
		60 mg			60 mg	
		90 mg			90 mg	
Felodipine extended release	Plendil	2.5mg	Daily	Amlodipine (Norvasc)	2.5mg	Daily
		5mg			5mg	
		10mg			10mg	
Nisoldipine extended release	Sular	8.5mg			2.5mg	
		17mg			5mg	
		25.5mg			5mg	
		34mg			10mg	
Isradipine (regular release, extended release)	DynaCirc CR	5mg			2.5mg	
		10mg			5mg	
		10mg BID or 20mg Daily			10mg	

*\*\*Oral Cardene NON-FORMULARY; call MD for recommendation for Norvasc dose (~2.5-5mg is reasonable)*

## Nitrates

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Isosorbide	Monoket	20mg	Same as ordered	Isosorbide (Ismo)	20mg	Same as ordered

## Fenofibrate

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Fenofibrate	Triglide	50 mg	Daily	Tricor	48 mg	Daily
Fenofibrate	Lofibra	54 mg			48 mg	
Fenofibrate	Lofibra	160 mg			145 mg	
Fenofibrate (micronized)	Antara	43 mg			48 mg	
Fenofibrate (micronized)	Antara	130 mg			145 mg	
Fenofibrate (micronized)	Lofibra	67 mg			48 mg	
Fenofibrate (micronized)	Lofibra	134 mg			145 mg	
Fenofibrate (micronized)	Lofibra	200 mg			145 mg	
Fenofibrate	Trilipix	45 mg			48 mg	
Fenofibrate	Trilipix	135 mg			145 mg	

## Oral Angiotensin-Converting Enzyme Inhibitors

Medication Ordered	Brand Name	Available Dosages	Formulary Medication	Equivalent Dose	Frequency
Benazepril*	Lotensin	5mg Daily or 2.5mg BID	Lisinopril (Zestril, Prinivil)	5mg	Daily
		10mg Daily or 5mg BID		10mg	
		20mg Daily or 10mg BID		20mg	
		40mg Daily or 20mg BID		40mg	
Enalapril*	Vasotec	5mg Daily or 2.5mg BID		10mg	
		10mg Daily or 5mg BID		20mg	
		20mg Daily or 10mg BID		40mg	
Fosinopril*	Monopril	10mg Daily		10mg	
		20mg Daily		20mg	
		40mg Daily		40mg	
Moexipril*	Univasc	7.5mg Daily or 3.75mg BID		10mg	
		15mg Daily or 7.5mg BID		20mg	
		30mg Daily or 15mg BID		40mg	
Perindopril	Aceon	1mg Daily		2.5mg	
		2mg Daily		5mg	
		4mg Daily		10mg	
		8mg Daily		20mg	
		16mg Daily		40mg	
Quinapril*	Accupril	10mg Daily or 5mg BID		10mg	
		20mg Daily or 10mg BID		20mg	
		40mg Daily or 20mg BID	40mg		
Ramipril	Altace	2.5mg Daily or 1.25mg BID	10mg		
		5mg Daily or 2.5mg BID	20mg		
		10mg Daily or 5mg BID	40mg		
		20mg Daily or 10mg BID	40mg		
Trandolapril	Mavik	0.5mg Daily	2.5mg		
		1mg Daily	5mg		
		2mg Daily	10mg		
		4mg Daily	20mg		
		8mg Daily	40mg		

\* = available in combination with another antihypertensive or diuretic; convert to lisinopril with no change in dose/frequency of 2<sup>nd</sup> medication

## Angiotensin II Receptor Blockers

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency												
Candesartan	Atacand	4mg	Daily	Losartan (Cozaar)	25mg	Daily												
		8mg			50mg													
		16mg			100mg													
		32mg			Valsartan (Diovan)		160mg											
Eprosartan	Teveten	400mg		Daily	Losartan (Cozaar)		25mg	Daily										
		600mg					50mg											
		800mg					100mg											
Irbesartan	Avapro	75mg					Daily		Losartan (Cozaar)	25mg	Daily							
		150mg								50mg								
		300mg								100mg								
Telmisartan	Micardis	20mg								Daily		Losartan (Cozaar)	25mg	Daily				
		40mg											50mg					
		80mg											100mg					
Olmesartan	Benicar	5mg											Daily		Losartan (Cozaar)	25mg	Daily	
		10mg														50mg		
		20mg														100mg		
		40mg	Valsartan (Diovan)			320mg												
Azilsartan	Edarbi	20mg	Daily			Losartan (Cozaar)										25mg		Daily
		40mg														50mg		
		80mg														100mg		

\* = available in combination with another antihypertensive or diuretic; convert to lisinopril with no change in dose/frequency of 2<sup>nd</sup> medication



## Beta-blockers

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Carvedilol CR	Coreg CR	10mg	Daily	Carvedilol	3.125mg	BID
		20mg			6.25mg	
		40mg			12.5mg	
		80mg			25mg	
Timolol	Blocadren	5mg	BID	Propranolol	40mg	BID
		10mg			80mg	
		20mg			160mg	
Betaxolol	Kerlone	5mg	Daily	Atenolol	25mg	Daily
		10mg			50mg	
		20mg			100mg	
Pindolol	Visken	5mg	BID	Atenolol	50mg	Daily
		10mg			100mg	
Nebivolol	Bystolic	5mg	Daily	Atenolol	50mg	Daily
		10mg			75mg	
		20mg			100mg	
Sotalol	Betapace AF	Any Dosage	BID	Sotalol	Same Dose	Same Frequency

## Statins (HMG-CoA Reductase Inhibitors)

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency	
Fluvastatin	Lescol, Lescol XL	20mg	Daily/HS	Simvastatin (Zocor)	5mg	HS	
		40mg			10mg		
		80mg			20mg		
Pitavastatin	Livalo	1mg			10mg		
		2mg			20mg		
		4mg			40mg		
Lovastatin	Mevacor, Altprev	10mg			5mg		
		20mg			10mg		
		40mg			20mg		
		80mg			40mg		
Pravastatin	Pravachol	20mg			10mg		
		40mg			20mg		
		80mg			40mg		
Simvastatin	Zocor	80mg					Atorvastatin (Lipitor)

Formulary agents: simvastatin, atorvastatin, rosuvastatin

\*\*\*Rosuvastatin use restricted to: patients unable to tolerate simvastatin or rosuvastatin, patients previously receiving rosuvastatin at home, and patients on medications that interact with atorvastatin or rosuvastatin (e.g. protease inhibitors, antifungals)

\*\*\*Simvastatin contraindications: itraconazole, ketoconazole, posaconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, boceprevir, telaprevir, nefazodone, gemfibrozil, cyclosporine, danazol (use rosuvastatin instead)

\*\*\*Simvastatin dose reductions: verapamil, diltiazem → max simvastatin dose = 10mg

\*\*\*Simvastatin dose reductions: amiodarone, amlodipine, ranolazine → max simvastatin dose = 20mg

Loop Diuretics						
Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Torsemide	Demadex	10mg	Daily	Furosemide	20mg	Daily
		20mg			40mg	
		40mg			80mg	
		100mg			200mg	

Diuretics			
Medication Ordered	Formulary Medication	Equivalent Dose	Frequency
Maxzide-25 tablet	Dyazide	1 capsule	Same as ordered
Maxzide75 tablet	Dyazide	2 capsules	Same as ordered

Granulocyte Colony Stimulating Factors (G-CSF)						
Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Filgrastim	Neupogen	300mcg 480mcg	Daily	Tbo-filgrastim (Granix)	Same dose as ordered	Daily

## Anti-Depressants

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Paroxetine (extended release)	Paxil CR	12.5mg	Daily	Paroxetine	10mg	Daily
		25mg			20mg	
		37.5mg			30mg	

## Bupropion

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Bupropion SR	Wellbutrin SR, Zyban	150 mg	Daily	Wellbutrin XL	150 mg	Daily
		150 mg	BID		300 mg	Daily
Bupropion HBr	Aplenzin	174mg	Daily		150mg	Daily
		348mg			300mg	
		522mg			450mg	

*Note: Do not interchange the 100mg SR & 200mg SR products at this time.*

## Seroquel XR

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Quetiapine Extended Release	Seroquel XR	200mg	Daily	Quetiapine Immediate Release	100mg	BID
		300mg			150mg	
		400mg			200mg	

*Note: Divide the total daily dose into twice daily dosing of regular release quetiapine for other doses as well.*

## Namenda XR

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Memantine	Namenda XR	7 mg	Daily	Memantine IR	2.5 mg*	BID
		14 mg			5 mg	BID
		21 mg			7.5*	BID
		24 mg			10 mg	BID

Note: Tablet can be divided or may use Oral Solution

## Docusate

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Docusate Sodium	Colace	50 mg	As Prescribed	Docusate Sodium	100 mg	As Prescribed

## Sevelamer

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Sevelamer Hydrochloride	Renagel	400 mg	As prescribed	Velphoro (Sucroferric Oxyhydroxide)	500 mg	TID with meals  Substitution applies to sevelamer doses ranging from 800 mg to 2400 mg
		800 mg				
Lanthanum Carbonate	Fosrenol	250 mg				
		500 mg				
		750 mg				
		1000 mg				
	Renvela tablet	800 mg				

Sevelamer Carbonate	Renvela Powder for oral suspension	800 mg				
		2400 mg				

### Acetylcysteine (ORAL)

Medication Ordered	Brand Name	Ordered Dose	Frequency	Formulary Medication	Equivalent Dose	Frequency
Acetylcysteine 10%	Mucomyst	6 mL (600 mg)	BID	Acetylcysteine 20%	3 mL (600 mg)	BID

### Muscle Relaxants

Medication Ordered	Brand Name	Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Cyclobenzaprine (Extended Release)	Amrix	15 mg	Daily	Cyclobenzaprine	5 mg	TID
		30 mg			10 mg	

### Anti-diarrheals

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
Diphenoxylate / Atropine	Lomotil	2.5mg / 0.025mg	Various	Loperamide	2 mg	Same as ordered

**Note:** Oncologists are allowed to utilize Lomotil upon denial of interchange

### Simethicone

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Simethicone	Phazyme	95 mg	Same as ordered	Simethicone	80 mg	Same as ordered

Simethicone	Phazyme, Gas-X Extra Strength, Gas Relief, Mylanta Gas Maximum Strength	125 mg			180 mg	
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### Probiotics

Medication Ordered	Brand Name	Ordered Dosage	Frequency	Formulary Medication	Equivalent Dose	Frequency
<i>S. bolulardii</i>	Florastor	1 capsule (5,000,000,000 CFU)	BID	Culturelle	1 capsule (10,000,000,000 CFU)	Daily
<i>L. acidophilus, L. bulgaricus</i> (tablets)	Floranex, Lactinex	4 tablets (1,000,000 CFU ea.)	TID or QID	Culturelle		
<i>L. acidophilus, L. bulgaricus</i> (granules)	Floranex, Lactinex	4 packets (100,000,000 CFU ea.)	TID or QID	Culturelle		

\*Note: Bacid & FloraQ have been removed from formulary

### Anabolic steroids

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
Testosterone	Androderm	5mg patch	HS or Daily	Androderm	4mg patch	HS
	Androgel	5g			Two-4mg patches	
		10g				

### Megace

Medication Ordered	Brand Name	Available Dosages	Frequency	Formulary Medication	Equivalent Dose	Frequency
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Megestrol Acetate Concentrate	Megace ES	625 mg / 5mL	Daily	Megestrol	800 mg / 20 mL	Daily
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## Immune Globulin Guidelines

In order help maintain our limited supply of IVIG, the following actions should be taken when an order is received:

- Review patient profile to determine if they meet the criteria for using a DDW
- If patient meets criteria contact physician recommend change
- Take verbal order or document refusal in Medkeeper

**Rationale:**

IVIG distributes poorly into adipose tissue

Medication Ordered	Brand Name & Vials	Dosing Adjustment	Calculation of Dose Determining Weight (DDW) Frequency
Immune Globulin	Gammunex is Formulary All other IVIG products are non-formulary	Dosing in obese patients (>20% above ideal body weight)	DDW = IBW + 0.4 (actual body weight – IBW)
		Rounding: Round <u>DOWN</u> to the nearest vial size (unless the change would result in a >10% difference in dose)	

## Appendix A: COMBO DRUGS

Generic	Brand	Strength	Hospital Conversion		
			Drug 1	Drug 2	Drug3
Quinapril/HCTZ	Accuretic	10/12.5	Lisinopril 10mg	Hydrochlorothiazide 12.5 mg	
Quinapril/HCTZ	Accuretic	20/12.5	Lisinopril 20mg	Hydrochlorothiazide 12.5 mg	
Quinapril/HCTZ	Accuretic	20/25	Lisinopril 20mg	Hydrochlorothiazide 25 mg	
Pioglitazone + Metformin	Actoplus Met	15/500	Pioglitazone 15mg	Metformin 500mg	
Pioglitazone + Metformin	Actoplus Met	15/850	Pioglitazone 15mg	Metformin 850mg	
Pioglitazone + Metformin	Actosplus Met XR	15/1000	Pioglitazone 15mg	Metformin 1000mg XR	
Pioglitazone + Metformin	Actosplus Met XR	30/1000	Pioglitazone 30mg	Metformin 1000mg XR	
Spirolactone/HCTZ	Aldactazide	25/25	Spirolactone 25mg	Hydrochlorothiazide 25 mg	
Spirolactone/HCTZ	Aldactazide	50/50	Spirolactone 50mg	Hydrochlorothiazide 25 mg (x2)	
Methyldopa/HCTZ	Aldoril	250/15	Methyldopa 250mg	Hydrochlorothiazide 12.5 mg	
Methyldopa/HCTZ	Aldoril	250/25	Methyldopa 250mg	Hydrochlorothiazide 25 mg	
Methyldopa/HCTZ	Aldoril	500/30	Methyldopa 500mg	Hydrochlorothiazide 25 mg	
Methyldopa/HCTZ	Aldoril	500/50	Methyldopa 500mg	Hydrochlorothiazide 25 mg (x2)	
Candesartan/HCTZ	Atacand HCT	16/12.5	Losartan 100mg	Hydrochlorothiazide 12.5 mg	
Candesartan/HCTZ	Atacand HCT	32/12.5	Valsartan 160mg	Hydrochlorothiazide 12.5 mg	
Candesartan/HCTZ	Atacand HCT	32/25	Valsartan 160mg	Hydrochlorothiazide 25 mg	
Irbesartan/HCTZ	Avalide	150/12.5	Losartan 50mg	Hydrochlorothiazide 12.5 mg	
Irbesartan/HCTZ	Avalide	300/12.5	Losartan 100mg	Hydrochlorothiazide 12.5 mg	
Rosiglitazone/Metformin	Avandamet	2/1000	Rosiglitazone 2mg	Metformin 1000mg	
Rosiglitazone/Metformin	Avandamet	4/1000	Rosiglitazone 4mg	Metformin 1000mg	
Amlodipine/Olmesartan	Azor	10/20	Amlodipine 10mg	Losartan 100mg	
Amlodipine/Olmesartan	Azor	5/40	Amlodipine 5mg	Valsartan 320mg	
Amlodipine/Olmesartan	Azor	10/40	Amlodipine 10mg	Valsartan 320mg	
Olmesartan/HCTZ	Benicar HCT	20/12.5	Losartan 100mg	Hydrochlorothiazide 12.5 mg	
Olmesartan/HCTZ	Benicar HCT	40/12.5	Valsartan 320mg	Hydrochlorothiazide 12.5 mg	
Olmesartan/HCTZ	Benicar HCT	40/25	Valsartan 320mg	Hydrochlorothiazide 25 mg	
Amlodipine/Atorvastatin	Caduet	2.5/10	Amlodipine 2.5mg	Rosuvastatin 2.5mg	
Amlodipine/Atorvastatin	Caduet	2.5/20	Amlodipine 2.5mg	Rosuvastatin 5mg	
Amlodipine/Atorvastatin	Caduet	2.5/40	Amlodipine 2.5mg	Rosuvastatin 10mg	
Amlodipine/Atorvastatin	Caduet	5/10	Amlodipine 5mg	Rosuvastatin 2.5mg	
Amlodipine/Atorvastatin	Caduet	5/20	Amlodipine 5mg	Rosuvastatin 5mg	
Amlodipine/Atorvastatin	Caduet	5/40	Amlodipine 5mg	Rosuvastatin 10mg	
Amlodipine/Atorvastatin	Caduet	10/10	Amlodipine 10mg	Rosuvastatin 2.5mg	
Amlodipine/Atorvastatin	Caduet	10/20	Amlodipine 10mg	Rosuvastatin 5mg	



Amlodipine/Atorvastatin	Caduet	10/40	Amlodipine 10mg	Rosuvastatin 10mg	
Amlodipine/Atorvastatin	Caduet	10/80	Amlodipine 10mg	Rosuvastatin 20mg	
Captopril/HCTZ	Capozide	25/15	Captopril 25mg	Hydrochlorothiazide 12.5 mg	
Captopril/HCTZ	Capozide	25/25	Captopril 25mg	Hydrochlorothiazide 25 mg	
Captopril/HCTZ	Capozide	50/15	Captopril 50mg	Hydrochlorothiazide 12.5 mg	
Captopril/HCTZ	Capozide	50/25	Captopril 50mg	Hydrochlorothiazide 25 mg	
Chlorthalidone/clonidine	Clorpress	15/0.1	Chlorthalidone 12.5mg	Clonidine 0.1mg	
Chlorthalidone/clonidine	Clorpress	15/0.2	Chlorthalidone 12.5mg	Clonidine 0.2mg	
Chlorthalidone/clonidine	Clorpress	15/0.3	Chlorthalidone 12.5mg	Clonidine 0.3mg	
Valsartan/HCTZ	Diovan HCT	80/12.5	Valsartan 80mg	Hydrochlorothiazide 12.5 mg	
Valsartan/HCTZ	Diovan HCT	160/12.5	Valsartan 160mg	Hydrochlorothiazide 12.5 mg	
Valsartan/HCTZ	Diovan HCT	320/12.5	Valsartan 320mg	Hydrochlorothiazide 12.5 mg	
Valsartan/HCTZ	Diovan HCT	320/25	Valsartan 320mg	Hydrochlorothiazide 25 mg	
Pioglitazone/Glimepiride	Duetact	30/2	Pioglitazone 30mg	Glimepiride 2mg	
Pioglitazone/Glimepiride	Duetact	30/4	Pioglitazone 30mg	Glimepiride 4mg	
Azilsartan/chlorthalidone	Edarbyclor	40/12.5	Losartan 50mg	Chlorthalidone 12.5mg	
Azilsartan/chlorthalidone	Edarbyclor	40/25	Losartan 50mg	Chlorthalidone 25mg	
Amlodipine/Valsartan	Exforge	5/160	Amlodipine 5mg	Valsartan 160mg	
Amlodipine/Valsartan	Exforge	5/320	Amlodipine 5mg	Valsartan 320mg	
Amlodipine/Valsartan	Exforge	10/160	Amlodipine 10mg	Valsartan 160mg	
Amlodipine/Valsartan	Exforge	10/320	Amlodipine 10mg	Valsartan 320mg	
Amlodipine/Valsartan/HCTZ	Exforge HCT	160/5/12.5	Amlodipine 5mg	Valsartan 160mg	Hydrochlorothiazide 12.5 mg
Amlodipine/Valsartan/HCTZ	Exforge HCT	160/5/25	Amlodipine 5mg	Valsartan 160mg	Hydrochlorothiazide 25 mg
Amlodipine/Valsartan/HCTZ	Exforge HCT	160/10/12.5	Amlodipine 10mg	Valsartan 160mg	Hydrochlorothiazide 12.5 mg
Amlodipine/Valsartan/HCTZ	Exforge HCT	160/10/25	Amlodipine 10mg	Valsartan 160mg	Hydrochlorothiazide 25 mg
Amlodipine/Valsartan/HCTZ	Exforge HCT	320/10/25	Amlodipine 10mg	Valsartan 320mg	Hydrochlorothiazide 25 mg
Glyburide/Metformin	Glucovance	250/1.25	Glyburide 1.25mg	Metformin 250mg	
Glyburide/Metformin	Glucovance	500/2.5	Glipizide 2.5mg	Metformin 500mg	
Glyburide/Metformin	Glucovance	500/5	Glipizide 5mg	Metformin 500mg	
Losartan/HCTZ	Hyzaar	50/12.5	Losartan 50mg	Hydrochlorothiazide 12.5 mg	
Losartan/HCTZ	Hyzaar	100/12.5	Losartan 100mg	Hydrochlorothiazide 12.5 mg	
Losartan/HCTZ	Hyzaar	100/25	Losartan 100mg	Hydrochlorothiazide 25 mg	
Propranolol/HCTZ	Inderide	40/25	Propranolol 40mg	Hydrochlorothiazide 25 mg	
Propranolol/HCTZ	Inderide	80/25	Propranolol 80mg	Hydrochlorothiazide 25 mg	
Sitagliptin/Metformin	Janumet	50/500	Sitagliptin 50mg	Metformin 500mg	
Sitagliptin/Metformin	Janumet	50/1000	Sitagliptin 50mg	Metformin 1000mg	
Sitagliptin/Metformin	Janumet	100/1000	Sitagliptin 100mg	Metformin 1000mg	
Sitagliptin/Metformin	Janumet XR	50/500	Sitagliptin 50mg	Metformin XR 500mg	
Sitagliptin/Metformin	Janumet XR	50/1000	Sitagliptin 50mg	Metformin XR 1000mg	
Sitagliptin/Metformin	Janumet XR	100/1000	Sitagliptin 100mg	Metformin XR 1000mg	

Linagliptin/Metformin	Jentadueto	2.5/500	Linagliptin 2.5mg	Metformin 500mg	
Linagliptin/Metformin	Jentadueto	2.5/850	Linagliptin 2.5mg	Metformin 850mg	
Linagliptin/Metformin	Jentadueto	2.5/1000	Linagliptin 2.5mg	Metformin 1000mg	
Alogliptin/Metformin	Kazano	12.5/500	Alogliptin 12.5mg	Metformin 500mg	
Alogliptin/Metformin	Kazano	12.5/1000	Alogliptin 12.5mg	Metformin 1000mg	
Saxagliptin/Metformin	Kombiglyze XR	5/500	Sitagliptin 100mg	Metformin 500mg	
Saxagliptin/Metformin	Kombiglyze XR	2.5/1000	Saxagliptin 2.5mg	Metformin 1000mg	
Saxagliptin/Metformin	Kombiglyze XR	5/1000	Sitagliptin 100mg	Metformin 1000mg	
Felodipine/Enalapril	Lexxel	5/5	Lisinopril 10mg	Amlodopine 5mg	
Metoprolol/HCTZ	Dutoprol	100/12.5	Metoprolol XL 100mg	Hydrochlorothiazide 12.5 mg	
Metoprolol/HCTZ	Dutoprol	50/12.5	Metoprolol XL 50mg	Hydrochlorothiazide 12.5 mg	
Metoprolol/HCTZ	Dutoprol	25/12.5	Metoprolol XL 25mg	Hydrochlorothiazide 12.5 mg	
Metoprolol/HCTZ	Lopressor HCT	50/25	Metoprolol 50mg	Hydrochlorothiazide 25 mg	
Metoprolol/HCTZ	Lopressor HCT	100/25	Metoprolol 100mg	Hydrochlorothiazide 25 mg	
Benazepril/HCTZ	Lotensin HCT	10/12.5	Lisinopril 10mg	Hydrochlorothiazide 12.5 mg	
Benazepril/HCTZ	Lotensin HCT	20/12.5	Lisinopril 20mg	Hydrochlorothiazide 12.5 mg	
Benazepril/HCTZ	Lotensin HCT	20/25	Lisinopril 20mg	Hydrochlorothiazide 25 mg	
Amlodipine/Benzapril	Lotrel	2.5/10	Amlodipine 2.5mg	Lisinopril 10mg	
Amlodipine/Benzapril	Lotrel	5/10	Amlodipine 5mg	Lisinopril 10mg	
Amlodipine/Benzapril	Lotrel	5/20	Amlodipine 5mg	Lisinopril 20mg	
Amlodipine/Benzapril	Lotrel	5/40	Amlodipine 5mg	Lisinopril 40mg	
Amlodipine/Benzapril	Lotrel	10/20	Amlodipine 10mg	Lisinopril 20mg	
Amlodipine/Benzapril	Lotrel	10/40	Amlodipine 10mg	Lisinopril 40mg	
Glipizide/Metformin	Metaglip	2.5/250	Glipizide 2.5mg	Metformin 250mg	
Glipizide/Metformin	Metaglip	2.5/500	Glipizide 2.5mg	Metformin 500mg	
Glipizide/Metformin	Metaglip	5/500	Glipizide 5mg	Metformin 500mg	
Telmisartan/HCTZ	Micardis HCT	40/12.5	Losartan 50mg	Hydrochlorothiazide 12.5 mg	
Telmisartan/HCTZ	Micardis HCT	80/12.5	Losartan 100mg	Hydrochlorothiazide 12.5 mg	
Telmisartan/HCTZ	Micardis HCT	80/25	Losartan 100mg	Hydrochlorothiazide 25 mg	
Amiloride/HCTZ	Moduretic	5/50	Amiloride 5mg	Hydrochlorothiazide 25 mg	
Fosinopril/HCTZ	Monopril HCT	10/12.5	Lisinopril 10mg	Hydrochlorothiazide 12.5 mg	
Fosinopril/HCTZ	Monopril HCT	20/12.5	Lisinopril 20mg	Hydrochlorothiazide 12.5 mg	
Alogliptin/Pioglitazone	Oseni	12.5/15	Alogliptin 12.5mg	Pioglitazone 15mg	
Alogliptin/Pioglitazone	Oseni	12.5/30	Alogliptin 12.5mg	Pioglitazone 30mg	
Alogliptin/Pioglitazone	Oseni	12.5/45	Alogliptin 12.5mg	Pioglitazone 45mg	
Alogliptin/Pioglitazone	Oseni	25/15	Sitagliptin 100mg	Pioglitazone 15mg	
Alogliptin/Pioglitazone	Oseni	25/30	Sitagliptin 100mg	Pioglitazone 30mg	
Alogliptin/Pioglitazone	Oseni	25/45	Sitagliptin 100mg	Pioglitazone 45mg	
Repaglinide/Metformin	Prandimet	1/500	Repaglinide 1mg	Metformin 500mg	
Repaglinide/Metformin	Prandimet	2/500	Repaglinide 2mg	Metformin 500mg	

Lisinopril/HCTZ	Prinzide, Zestoretic	20/12.5	Lisinopril 20mg	Hydrochlorothiazide 12.5 mg	
Lisinopril/HCTZ	Prinzide, Zestoretic	20/25	Lisinopril 20mg	Hydrochlorothiazide 25 mg	
Lisinopril/HCTZ	Prinzide, Zestoretic	10/12.5	Lisinopril 10mg	Hydrochlorothiazide 12.5 mg	
Verapamil/Trandolapril	Tarka	1/240	Trandolapril 1mg	Verapami ER 240mg	
Verapamil/Trandolapril	Tarka	2/180	Trandolapril 2mg	Verapamil ER 180mg	
Verapamil/Trandolapril	Tarka	2/240	Trandolapril 2mg	Verapamil ER 240mg	
Verapamil/Trandolapril	Tarka	4/240	Trandolapril 4mg	Verapamil ER 240mg	
Amlodipine/Aliskiren	Tekamlo	5/150	Amlodipine 5mg	Aliskiren 150mg	
Amlodipine/Aliskiren	Tekamlo	10/150	Amlodipine 10mg	Aliskiren 150mg	
Amlodipine/Aliskiren	Tekamlo	10/300	Amlodipine 10mg	Aliskiren 300mg	
HCTZ/aliskiren	Tekturna HCT	12.5/150	Aliskiren 150mg	Hydrochlorothiazide 12.5 mg	
HCTZ/aliskiren	Tekturna HCT	25/150	Aliskiren 150mg	Hydrochlorothiazide 25 mg	
HCTZ/aliskiren	Tekturna HCT	12.5/300	Aliskiren 300mg	Hydrochlorothiazide 12.5 mg	
HCTZ/aliskiren	Tekturna HCT	25/300	Aliskiren 300mg	Hydrochlorothiazide 25 mg	
Atenolol/Chlorthalidone	Tenoretic 50	25/50	Atenolol 50mg	Chlorthalidone 25mg	
Atenolol/Chlorthalidone	Tenoretic 100	25/100	Atenolol 100mg	Chlorthalidone 25mg	
Eprosartan/HCTZ	Teveten HCT	600/12.5	Losartan 50mg	Hydrochlorothiazide 12.5 mg	
Eprosartan/HCTZ	Teveten HCT	600/25	Losartan 50mg	Hydrochlorothiazide 25 mg	
Amlodipine/Olmesartan/HCTZ	Tribenzor	5/20/12.5	Amlodipine 5mg	Losartan 100mg	Hydrochlorothiazide 12.5mg
Amlodipine/Olmesartan/HCTZ	Tribenzor	5/40/12.5	Amlodipine 5mg	Valsartan 320mg	Hydrochlorothiazide 12.5mg
Amlodipine/Olmesartan/HCTZ	Tribenzor	10/40/12.5	Amlodipine 10mg	Valsartan 320mg	Hydrochlorothiazide 12.5mg
Amlodipine/Olmesartan/HCTZ	Tribenzor	5/40/25	Amlodipine 5mg	Valsartan 320mg	Hydrochlorothiazide 25 mg
Amlodipine/Olmesartan/HCTZ	Tribenzor	10/40/25	Amlodipine 10mg	Valsartan 320mg	Hydrochlorothiazide 25 mg
Amlodipine/Telmisartan	Twynsta	5/40	Amlodipine 5mg	Losartan 50mg	
Amlodipine/Telmisartan	Twynsta	10/40	Amlodipine 10mg	Losartan 50mg	
Amlodipine/Telmisartan	Twynsta	5/80	Amlodipine 5mg	Losartan 100mg	
Amlodipine/Telmisartan	Twynsta	10/80	Amlodipine 10mg	Losartan 100mg	
Moexipril/HCTZ	Uniretic	7.5/12.5	Lisinopril 10mg	Hydrochlorothiazide 12.5 mg	
Moexipril/HCTZ	Uniretic	15/12.5	Lisinopril 20mg	Hydrochlorothiazide 12.5 mg	
Moexipril/HCTZ	Uniretic	15/25	Lisinopril 20mg	Hydrochlorothiazide 25 mg	
Enalapril/HCTZ	Vaseretic	5/12.5	Lisinopril 10mg	Hydrochlorothiazide 12.5 mg	
Enalapril/HCTZ	Vaseretic	10/25	Lisinopril 20mg	Hydrochlorothiazide 25 mg	
Efavirenz/Tenofovir/Emtricitabine	Atripla	600/300/200	Efavirenz 600mg	Tenofovir 300mg	Emtricitabine 200mg
Rilpivirine/Tenofovir/Emtricitabine	Complera	25/300/200	Rilpivirine 25mg	Tenofovir 300mg	Emtricitabine 200mg
Dolutegravir/Abacavir/Lamivudine	Triumeq	50/600/300	Dolutegravir 50mg	Abacavir 600mg	Lamivudine 300mg
Atazanavir/Cobicistat	Evotaz	300/150	Atazanavir 300mg	Cobicistat 150mg	
Darunavir/Cobicistat	Prezcobix	800/150	Darunavir 800mg	Cobicistat 150mg	
Zidovudine/Lamivudine	Combivir	300/150	Zidovudine 300mg	Lamivudine 150mg	
Abacavir/Lamivudine	Epzicom	600/300	Abacavir 600mg	Lamivudine 300mg	
Zidovudine/Lamivudine/Abacavir	Trizivir	300/150/300	Zidovudine 300mg	Lamivudine 150mg	Abacavir 300mg
Tenofovir/Emtricitabine	Truvada	300/200	Tenofovir 300mg	Emtricitabine 200mg	

Elvitegravir/cobicistate, emtricitabine/tenofovir	Genvoya	150/150/200/10	<b>No Substitution</b>		
Elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	150/150/200/300	<b>No Substitution</b>		
Emtricitabine/tenofovir	Descovy	200/25	Emtricitabine 200mg	Tenofovir 25mg	
Dolutegravir/rilpivirine	Juluca	50/25	Dolutegravir 50mg	Rilpivirine 25mg	
Emtricitabine/rilpivirine/tenofovir	Odefsey	200/25/25	<b>No Substitution</b>		
Diclofenac sodium/Misoprostol	Arthrotec 50	50/200	Diclofenac Sodium 50mg	Misoprostol 200mcg	
Diclofenac sodium/Misoprostol	Arthrotec 75	75/200	Diclofenac Sodium 75mg	Misoprostol 200mcg	
Amitriptyline/Chlordiazepoxide	Limbitrol	12.5/5	Amitriptyline 5mg	Chlordiazepoxide 12.5mg	
Amitriptyline/Chlordiazepoxide	Limbitrol DS	25/10	Amitriptyline 10mg	Chlordiazepoxide 25mg	
Ezetimibe/Simvastatin	Vytorin	10/10	Ezetimibe 10mg	Simvastatin 10mg	
Ezetimibe/Simvastatin	Vytorin	10/20	Ezetimibe 10mg	Simvastatin 20mg	
Ezetimibe/Simvastatin	Vytorin	10/40	Ezetimibe 10mg	Simvastatin 40mg	
Ezetimibe/Simvastatin	Vytorin	10/80	Ezetimibe 10mg	Simvastatin 80mg	
Acetaminophen/Diphenhydramine	Tylenol PM	500/25	Acetaminophen 500mg	Diphenhydramine 25mg	
Lansoprazole/Amoxicillin/Clarithromycin	Prevpac	30/1000/500	Lansoprazole 30mg	Amoxicillin 1000mg	Clarithromycin 500mg
Conjugated estrogens/Medroxyprogesterone	Prempro	0.3/1.5	Conj. Estrogens 0.3mg	Medroxyprogesterone 1.5mg	
Conjugated estrogens/Medroxyprogesterone	Prempro	0.45/1.5	Conj. Estrogens 0.45mg	Medroxyprogesterone 1.5mg	
Conjugated estrogens/Medroxyprogesterone	Prempro	0.625/2.5	Conj. Estrogens 0.625mg	Medroxyprogesterone 2.5mg	
Conjugated estrogens/Medroxyprogesterone	Prempro	0.625/5	Conj. Estrogens 0.625mg	Medroxyprogesterone 5mg	