



## Therapeutic Interchange for Vitamins and Supplements

Patients under the age of 16 years old are excluded from this interchange.

<b>MULTIVITAMINS</b>	
<b>Ordered As</b>	<b>Substitute</b>
Various Multivitamin Formulations, Multivitamin with Minerals Formulations, MVI with Iron	<b>Therapeutic Multivitamin with Minerals</b>
Various Multivitamin <b>Solution</b> Formulations	<b>Certa Vite Solution</b>
Various Eye Supplements	<b>Ocuvit</b>
<b>Dalyvite, Rena-Vite, Rena-Vite RX, Nephro-Vite, Nephrocaps, Renal Caps, Folbee Plus, Folbic, Foltx</b>	<b>Nephrovite Rx</b>
Various Vitamin B-Complex Formulations	<b>Vitamin B Complex with B-12</b>
Various Children's Multivitamin Formulations, Children's Multivitamin with Iron	<b>Children's Chewable Multivitamin with Iron</b>
Various Children's Multivitamin Solution Formulations, including <b>Poly-Vi-Sol</b>	<b>Tri-Vi-Sol</b>
Various Children's Multivitamin Solution Formulations with Iron	<b>Poly-Vi-Sol with Iron</b>
Bariatric Vitamin	<b>Multivitamin-Minerals Chewtab (Flintstones)</b>
<b>MISC. VITAMINS</b>	
<b><i>**Closest strength and product will be substituted</i></b>	
<b><i>**If no specified dose, the corresponding UNDERLINED dose will be substituted</i></b>	
<b><i>**If next administration date is unknown, Injection or oral doses ordered weekly will be started one week from the admission date and doses ordered monthly will be started 30 days from the admission date</i></b>	
Vitamin A	<b>10,000 International Units</b>
Vitamin B1 (Thiamine)	<b>100 mg</b>
Vitamin B3 (Niacin)	<b>100 mq, 500 mg</b>
Vitamin B5 (Pantothenic Acid)	<b>Not dispensed</b>
Vitamin B6 (Pyridoxine)	<b>50 mg</b>
Vitamin B7 (Biotin)	<b>Not dispensed</b>
Vitamin B12 (Cyanocobalamin)	<b>100 mcg, 500 mcg, 1000 mcg</b>
Vitamin C	<b>500 mg</b>
Vitamin D3 (Cholecalciferol)	<b>400, 1000, 5000 International Units D-Vi-Sol (Dispense as written)</b>
Vitamin D2 (Ergocalciferol)	<b>50,000 International Units</b>
Vitamin E	<b>100, <u>400</u>, 1000 International Units</b>
Folic Acid	<b>400 mcg, 1 mg</b>
Zinc	<b>220 mq (~ 50 mg elemental zinc)</b>
<b>ORAL CALCIUM SUPPLEMENTS</b>	
<b>Ordered As</b>	<b>Substitute</b>
<b><i>**All calcium supplements (including Calcium Citrate products) will be substituted with the closest elemental strength <b>except Calcium Acetate (dispense as written)</b>**</i></b>	
Calcium carbonate ( <b>Tums, Rolaids, Caltrate,</b>	<b>Calcium Carbonate Chewable (Tums) 500 mg</b>

<b>Os-Cal, Viactiv, etc.)</b> ~40% elemental	Tab (200 mg elemental) OR <b>Calcium Carbonate (Os-Cal)</b> 500 mg elemental OR <b>Calcium Carbonate + Vitamin D (Os-Cal + D)</b> 500 mg elemental + 200 International Units if combination calcium + vitamin D formulation
Calcium Citrate ( <b>Citracal</b> ) ~21% elemental	
Calcium Lactate ~13% elemental	
Calcium Phosphates ( <b>Posture</b> ) ~31-38% elemental	
Calcium Gluconate ~9% elemental	
Calcium Glubionate ( <b>Neo-Calglucon</b> ) ~6.5% elemental	
Calcium Glucarate ( <b>Ca D-glucarate</b> ) ~12%	
Calcium Acetate ( <b>PhosLo</b> ) (used as phosphate binder) ~25% elemental	<b>Dispense as written</b>

#### IV IRON PREPARATIONS

Ordered As	Substitute
<b>Ferric Carboxymaltose (Injectafer)</b> <b>Ferumoxytol (Feraheme)</b> <b>Iron Dextran (Dexferrum, Infed)</b> <b>Iron Sucrose (Venofer)</b>	<p>Inpatient:  <b>Sodium Ferric gluconate (Ferrlecit)</b>  <u>Contact provider for specific dosing, but usual dosing:</u></p> <p>HD patients – 125 mg IV per dialysis session</p> <p>Non HD patients - 125 mg IV per dose is typical but may administer up to 250 mg per dose. Schedule of dosing depends on iron deficit</p> <p>Outpatient:  a. <b>PREFERRED OUTPATIENT AGENTS:</b> iron sucrose (Venofer), iron dextran (Infed), sodium ferric gluconate and ferumoxytol (Feraheme)  b. <b>SECONDARY OUTPATIENT AGENTS:</b>  Restrict ferric carboxymaltose (Injectafer) administration to only be used in patients that insurance requires the medication or the patient has a documented failure or intolerance to administration of ferumoxytol (Feraheme)</p>
<b>Sodium Ferric Gluconate Complex (Ferrlecit)</b> 62.5 mg elemental iron/5 ml	<p>Inpatient:  <b>Dispense as written</b></p> <p>Outpatient:  a. <b>PREFERRED OUTPATIENT AGENTS:</b> iron sucrose (Venofer), iron dextran (Infed), sodium ferric gluconate and ferumoxytol (Feraheme)  b. <b>SECONDARY OUTPATIENT AGENTS:</b>  Restrict ferric carboxymaltose (Injectafer) administration to only be used in patients that insurance requires the medication or the patient has a documented failure or intolerance to administration of ferumoxytol (Feraheme)</p>

ORAL IRON SUPPLEMENTS	
Ordered As	Substitute Nearest Elemental Fe
Ferrous Fumarate ( <b>Nephro-Fer, Ferrets, Repliva, etc.</b> ) ~33% elemental	Ferrous Sulfate (~20% elemental) <b>325 mg (65 mg elemental iron)</b> <b>220 mg/5 ml (44 mg elemental iron/5 ml)</b> (at same frequency)
Ferrous Gluconate ( <b>Fergon, Floradix, etc.</b> ) ~12% elemental	
Ferrous Sulfate, dried ( <b>Feratab, Slow FE, etc.</b> ) ~30% elemental	
Carbonyl Iron ( <b>Ferracap, Ferralet 90, etc.</b> ) ~100% elemental	
Polysaccharide-Iron Complex ( <b>Ferrex 150, Fe-Tinic 150, etc.</b> ) ~46% elemental	
Iron with Vitamin C ( <b>Ferrex 150 Plus, etc.</b> ) ~46% elemental	
Iron Citrate ( <b>BioCitrate</b> ) 25 mg elemental iron per capsule	
Heme-Iron Polypeptide ( <b>Proferrin</b> ) 10.5 mg elemental iron per tablet	
Ferrous Carbonate ~48% elemental	
Ferric maltol ( <b>Accrufer</b> ) 30 mg elemental iron per capsule	
Ferric Pyrophosphate ( <b>Ironsmart</b> ) ~12% elemental	
Ferrous Bisglycinate ( <b>Ferrochel</b> ) 18-36 mg per capsule/tablet	
ORAL MAGNESIUM SUPPLEMENTS	
Ordered As	Substitute
Magnesium Chloride ( <b>Slow-Mag, Mag 64, Mag SR, etc.</b> ) ~12% elemental	Magnesium Oxide 400 mg (at same frequency)
Magnesium Gluconate ( <b>Mag-G, Magonate, Magtrate, etc.</b> ) ~5% elemental	
Magnesium L-Lactate ( <b>Mag-Tab SR</b> ) ~12% elemental	
Magnesium Oxide ( <b>Mag-Ox 400, Uro-Mag, etc.</b> ) – all strengths ~60% elemental	
Magnesium L-Aspartate HCl ( <b>Maginex, Maginex DS</b> ) ~10% elemental	
Magnesium Glucoheptonate ( <b>Magnelium, Magnolex Cap</b> ) ~5% elemental	
ORAL POTASSIUM SUPPLEMENTS	
<i>**Closest mEq dose will be substituted with Potassium Chloride**</i>	
Various Oral Potassium Supplements (including Potassium Chloride, Potassium Gluconate, Potassium Bicarbonate)	10 mEq, 20 mEq
Various Potassium Solutions and	20 mEq/15 ml

Effervescent (including Potassium Chloride, Potassium Gluconate, Potassium Bicarbonate)	
Potassium Citrate Tabs (urinary alkalinizer)	Dispense as written
Potassium Phosphate	Dispense as written

References:

1. Clinical Resource, Comparison of Parenteral Iron Replacement. Hospital Pharmacist's Letter/Prescriber's Letter. January 2019.
2. Clinical Resource, Comparison of Potassium Salts. Pharmacist's Letter/Prescriber's Letter. February 2021. [370227]
3. Clinical Resource, Oral Iron Supplements: Comparison and Practical Considerations for Use. Pharmacist's Letter/Prescriber's Letter. September 2020.
4. Comparison of oral calcium salts. Pharmacist's Letter/Prescriber's Letter 2008;24(10):241008.
5. Drug Facts and Comparisons (Hard Copy). Nutritional Combination Products: Multivitamins. p. 64.
6. Drug Facts and Comparisons (Hard Copy). Potassium Replacement Products. pp. 47-48.
7. DRUGDEX® System (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/> (cited: October 2015).
8. PL Detail-Document, Comparison of Oral Magnesium Salts. Pharmacist's Letter/Prescriber's Letter. November 2011.