

PHARMACY THERAPEUTIC INTERCHANGE LIST

For adult patients only

Order written for:

Will be filled with:

ACE-inhibitors

Benazepril (LOTENSIN) 10 mg daily	Lisinopril 10 mg daily
Enalapril (VASOTEC) total daily dose bid or daily	Lisinopril same <u>total dose</u> daily
Fosinopril (MONOPRIL) 10 mg daily	Lisinopril 10 mg daily
Moexipril (UNIVASC) 7.5 mg daily	Lisinopril 10 mg daily
Perindopril (ACEON) 4 mg daily	Lisinopril 10 mg daily
Quinapril (ACCUPRIL) 10 mg daily	Lisinopril 10 mg daily
Trandolapril (MAVIK) 1 mg or 2 mg daily	Lisinopril 10 mg daily

Alpha/Beta-Adrenergic Blockers

Carvedilol CR 10 mg daily	Carvedilol 3.125 mg twice daily
Carvedilol CR 20 mg daily	Carvedilol 6.25 mg twice daily
Carvedilol CR 40 mg daily	Carvedilol 12.5 mg twice daily
Carvedilol CR 80 mg daily	Carvedilol 25 mg twice daily

Angiotensin II Receptor Antagonists (ARB's)

**hydrochlorothiazide will be added separately when interchanging from a formulation that includes it

Candesartan (ATACAND) 16 mg po daily	Irbesartan (AVAPRO) 150 mg po daily
Candesartan (ATACAND) 32 mg po daily	Irbesartan (AVAPRO) 300 mg po daily
Losartan (COZAAR) 50 mg po daily	Irbesartan (AVAPRO) 150 mg po daily
Losartan (COZAAR) 50 mg po BID	Irbesartan (AVAPRO) 300 mg po daily
Eprosartan (TEVETAN) 400mg po daily	Irbesartan (AVAPRO) 150 mg po daily
Eprosartan (TEVETAN) 800 mg po daily	Irbesartan (AVAPRO) 300 mg po daily
Losartan (HYZAAR) 50/12.5	Irbesartan (AVAPRO) 150 mg & Hydrochlorothiazide 12.5 mg
Losartan (HYZAAR) 100/25	Irbesartan (AVAPRO) 300 mg & Hydrochlorothiazide 25 mg
Olmesartan (BENICAR) 20 mg po daily	Irbesartan (AVAPRO) 150 mg po daily
Olmesartan (BENICAR) 40 mg po daily	Irbesartan (AVAPRO) 300 mg po daily

Antibiotics: Carbapenems

Imipenem (PRIMAXIN)	Meropenem (MERREM) in equivalent dose Restricted to order by ID Specialist
---------------------	---

Order written for:

Will be filled with:

Antibiotics: Fluoroquinolones

NO Substitution for CIPRO for the following indications:

Pyelonephritis, Cholecystitis, Cystitis, Bowel Perforation, Pseudomonas pneumonia or otitis

Ciprofloxacin (CIPRO) 200 mg IV q12h	LevOFLOXACIN (LEVAQUIN) 250 mg IV q24h
Ciprofloxacin (CIPRO) 400 mg IV q12h	LevOFLOXACIN (LEVAQUIN) 500 mg IV q24h
Ciprofloxacin (CIPRO) 250 mg, 500 mg, or 750 mg po q12h	LevOFLOXACIN (LEVAQUIN) 250-500 mg po q24h (dosing based on renal function)
Ofloxacin (OCUFLOX) 200 mg po/IV q12h	LevOFLOXACIN (LEVAQUIN) 250 mg po/IV q24h
Ofloxacin (OCUFLOX) 300 mg po/IV q12h	LevOFLOXACIN (LEVAQUIN) 250 mg po/IV q24h
Ofloxacin (OCUFLOX) 400 mg po/IV q12h	LevOFLOXACIN (LEVAQUIN) 500 mg po/IV q24h
Moxifloxacin (AVELOX) 400 mg po/IV daily	LevOFLOXACIN (LEVAQUIN) 500 mg po/IV q24h
Gatifloxacin (TEQUIN) 200 mg po daily	LevOFLOXACIN (LEVAQUIN) 250 mg po daily
Gatifloxacin (TEQUIN) 400 mg po/IV daily	LevOFLOXACIN (LEVAQUIN) 500 mg po/IV q24h

The following substitutions are only for Diverticulitis and Genitourinary infections (prostatitis, epididymitis)	
LevOFLOXACIN (LEVAQUIN) for intra-abdominal/diverticulitis	Ciprofloxacin (CIPRO) 400 mg IVPB q12h (include) Ciprofloxacin (CIPRO) 500 mg po q12h when tolerating po (include metroNIDAZOLE)
LevOFLOXACIN (LEVAQUIN) for prostatitis	Ciprofloxacin (CIPRO) 500 mg po q12h Ciprofloxacin (CIPRO) 200 mg IV q12h – less severe Ciprofloxacin (CIPRO) 400 mg IV q12h – severe
LevOFLOXACIN (LEVAQUIN) for epididymitis	Ciprofloxacin (CIPRO) 500 mg po x 1 dose in combination with doxycycline
Piperacillin/tazobactam (ZOSYN) intermittent dosing	Piperacillin/tazobactam (ZOSYN) continuous infusion for appropriate patients (see “piperacillin/tazobactam (ZOSYN) Dosing and Monitoring per Pharmacy Protocol -627PT”

Anticonvulsants

Phenytoin inj (DILANTIN)	Fosphenytoin inj (CEREBYX) (for adults and children over 10 years of age) in phenytoin equivalent dose
LevETIRAcetam ER daily	LevETIRAcetam IR ½ ER dose twice daily

Order written for:

Will be filled with:

Antipsychotic Agents

Clozapine (FAZACLO, CLOZARIL)	generic Clozapine
--------------------------------------	--------------------------

Antidotes

Anthracycline Extravasation:

dexrazoxane (TOTECT) dexrazoxane (ZINECARD)	dexrazoxane (generic product will be substituted for the BRAND name)
--	---

Antihistamines (non-sedating)

Fexofenadine (ALLEGRA) 60 mg po BID	Loratidine (CLARITIN) 10 mg po daily
Fexofenadine (ALLEGRA) 180 mg po daily	Loratidine (CLARITIN) 10 mg po daily
Fexofenadine/pseudoephedrine (ALLEGRA-D) 1 tab po BID	Loratidine/pseudoephedrine (CLARITIN-D 24 hr) 1 tab po daily
Cetirizine (ZYRTEC) 5-10 mg po daily	Loratidine (CLARITIN) 10 mg po daily
Desloratidine (CLARINEX) 5 mg po daily	Loratidine (CLARITIN) 10 mg po daily

Antimuscarinic Medications for Overactive Bladder

Darifenacin (ENABLEX) 7.5 mg po daily	Tolterodine tartrate (DETROL LA) 2 mg po daily
Solifenacin (VESICARE) 5 mg po daily	Tolterodine tartrate (DETROL LA) 2 mg po daily
Trospium (SANCTURA) 20 mg po BID	Tolterodine tartrate (DETROL LA) 2 mg po daily
Trospium (SANCTURA XR) 60 mg po daily	Tolterodine tartrate (DETROL LA) 2 mg po daily
Oxybutynin chloride (DITROPAN LA) 5 mg po daily	Tolterodine tartrate (DETROL LA) 2 mg po daily
Tolterodine (DETROL Immediate Release) 1 mg bid	Tolterodine tartrate (DETROL LA) 2 mg po daily
Fesoterodine (TOVIAZ) 4 mg po daily	Tolterodine tartrate (DETROL LA) 2 mg po daily
Fesoterodine (TOVIAZ) 8 mg po daily	Tolterodine tartrate (DETROL LA) 4 mg po daily

Beta Agonists (1 puff = 1 puff for MDI)

Levalbuterol (XOPENEX) 0.63 mg	Albuterol 1.25 mg (ONLY for adults and children 12 and above)
Levalbuterol (XOPENEX) 1.25 mg	Albuterol 2.5 mg (ONLY for adults and children 12 and above)

Beta Blockers

Metoprolol 25 mg daily	Toprol XL 25 mg daily
-------------------------------	------------------------------

B-Vitamins with Folic Acid

FOLGARD	FOLBIC
FOLTX	FOLBIC
FOLBEE	FOLBIC

Order written for:

Will be filled with:

Cephalosporins

CefTRIAXone (ROCEPHIN) 1 GM IVPB q12h	CefTRIAXone (ROCEPHIN) 1 GM IVPB q24h ** maintain q12h dosing for r/o meningitis
CefTRIAXone (ROCEPHIN) 2 GM IVPB q12h	CefTRIAXone (ROCEPHIN) 2 GM IVPB q24h ** maintain q12h dosing for r/o meningitis
CeFAZolin (ANCEF) 1 GM IVPB q6h	CeFAZolin (ANCEF) 1 GM IVPB q8h
CeFAZolin (ANCEF) 2 GM IVPB q6h	CeFAZolin (ANCEF) 2 GM IVPB q8h
CeFAZolin (ANCEF) 1 GM Pre-op & Post-op	CeFAZolin (ANCEF) 2 GM Pre-op & Post-op CeFAZolin (ANCEF) 3 GM Pre-op & Post-op for patients weighing \geq 120 kg
Cefpodoxime (VANTIN) 100 mg po BID	Cefadroxil (DURICEF) 500 mg po BID
Cefpodoxime (VANTIN) 200 mg po BID	Cefadroxil (DURICEF) 1000 mg po BID
Cefuroxime (CEFTIN) 250 mg po BID	Cefprozil (CEFZIL) 250 mg po BID
Cefuroxime (CEFTIN) 500 mg po BID	Cefprozil (CEFZIL) 500 mg po BID
Cephradine (VELOSEF) 250 mg po QID	Cefadroxil (DURICEF) 500 mg po BID
Cephradine (VELOSEF) 500 mg po QID	Cefadroxil (DURICEF) 1000 mg po BID
Cefaclor (CECLOR) 250 mg po TID	Cefadroxil (DURICEF) 500 mg po BID
Cefaclor (CECLOR) 375 mg po BID	Cefadroxil (DURICEF) 500 mg po BID
Cefaclor (CECLOR) 500 mg poO BID/TID	Cefadroxil (DURICEF) 1000 mg po BID
Cephalexin (KEFLEX) 500 mg po QID	Cefadroxil (DURICEF) 500 mg po BID (dosing based on renal function)

Cholesterol/Statins

Simvastatin (ZOCOR) 20 mg	atorvastatin (LIPITOR) 10 mg (ZOCOR dose x 1/2)
Lovastatin (MEVACOR) 40 mg	atorvastatin (LIPITOR) 10 mg (MEVACOR dose x 1/4)
Fluvastatin (LESCOL) 80 mg	atorvastatin (LIPITOR) 10 mg (LESCOL dose x 1/8)

Colony Stimulating Factors

Filgastrim (NEUPOGEN)	Tbo-Filgastrim (GRANIX) Only for indication of non-myeloid malignancies when receiving myelosuppressive anti-cancer drugs
------------------------------	--

Dual Route of Administration

Famotidine (PEPCID) 20 mg PO / IV	
Pantoprazole (PROTONIX) 40 mg PO / IV	
Ondansetron (ZOFTRAN) 4 mg PO / IV	
LevETIRAcetam (KEPPRA) 500 mg PO / IV	
Pantoprazole (PROTONIX) 40 mg IV for patients who cannot tolerate oral medications	Lansoprazole (PREVACID) 30 mg SOLUTAB should be considered

Order written for:

Will be filled with:

Electrolyte's

30 mMol potassium phosphate	27 mMol potassium phosphate
Greater than 30 mMol potassium phosphate will be divided as outlined in policy 7300/7310-624PT IV Potassium	

Fenofibrates

Fenofibrate (ANTARA) 43 mg or 130 mg po daily	Fenofibrate (TRICOR) 48 mg or 145 mg po daily
Fenofibrate (FENOGLIDE) 40 mg or 120 mg po daily	Fenofibrate (TRICOR) 48 mg or 145 mg po daily
Fenofibrate (TRIGLIDE) 50 mg or 160 mg po daily	Fenofibrate (TRICOR) 48 mg or 145 mg po daily
Fenofibrate (LOFIBRA tablets) 54 mg or 160 mg po daily	Fenofibrate (TRICOR) 48 mg or 145 mg po daily
Fenofibrate (LOFIBRA capsules) 67 mg or 134 mg po daily	Fenofibrate (TRICOR) 48 mg or 145 mg po daily
Fenofibrate (LIPOFEN capsules) 50 mg or 150 mg po daily	Fenofibrate (TRICOR) 48 mg or 145 mg po daily
Fenofibrate (TRILIPIX) 45 mg or 135 mg po daily	Fenofibrate (TRICOR) 48 mg or 145 mg po daily

H2 Antagonists

Cimetidine (TAGAMET) 300 mg IV q6-8h	Famotidine (PEPCID) 20 mg IV q12h
Cimetidine (TAGAMET) 300 mg IV q12-24h	Famotidine (PEPCID) 20 mg IV q 24h
Cimetidine (TAGAMET) 900-1200 mg IV over 24 hrs	Famotidine (PEPCID) 40 mg cont IV over 24 hrs
Cimetidine (TAGAMET) 300 mg po q6-8h	Famotidine (PEPCID) 20 mg po BID
Cimetidine (TAGAMET) 300 mg po q12-24h	Famotidine (PEPCID) 20 mg po daily
Cimetidine (TAGAMET) 400-800 mg po QHS	Famotidine (PEPCID) 20-40 mg po QHS
Ranitidine (ZANTAC) 50 mg IVP q8-12h	Famotidine (PEPCID) 20 mg IV q12h
Ranitidine (ZANTAC) 50 mg IVP q24h	Famotidine (PEPCID) 20 mg IV q 24h
Ranitidine (ZANTAC) 150 mg cont IV over 24 hrs	Famotidine (PEPCID) 40 mg cont IV over 24 hrs
Ranitidine (ZANTAC) 150 mg po BID	Famotidine (PEPCID) 20 mg po BID
Ranitidine (ZANTAC) 300 mg po QHS	Famotidine (PEPCID) 40 mg po QHS
Nizatidine (AXID) 150 mg po BID	Famotidine (PEPCID) 20 mg po BID
Nizatidine (AXID) 300 mg po QHS	Famotidine (PEPCID) 40 mg po QHS

Iron Products in Ambulatory Setting

single dose of iron dextran (INFED), iron sucrose (VENOFER) or sodium ferric gluconate complex (FERRLECIT)	ferumoxytol (FERAHEME) 510 mg
multiple doses of any of the above	FERAHEME 510 mg x 1 + repeat dose in 3 to 8 days
Exclusions would include patients who are pregnant, patients who have had a sensitivity reaction to FERAHEME or those patients who have started therapy with a particular agent and need to complete the course of treatment.	Pregnant patients and FERAHEME sensitive patients will be given VENOFER, based on equivalent elemental iron amount.

Order written for:

Will be filled with:

Insulin for Subcutaneous Use

Insulin glulisine (APIDRA)	NovoLOG Flex Pen
Insulin regular (HumuLIN R, NovoLIN R)	NovoLOG Flex Pen
NovoLIN 70/30 innolet	NovoLOG 70/30 Flex Pen
Insulin lispro (HUMALOG)	NovoLOG Flex Pen
Lantus	Levimer (unit for unit)

Leukotriene receptor antagonists

Zafirlukast (ACCOLATE) 20 mg po bid	Montelukast (SINGULAIR) 10 mg po daily
--	---

Miscellaneous Psychotherapeutic Agents

Zaleplon (SONATA) 5 mg, 10 mg	Zolpidem (AMBIEN) 5 mg
Eszopiclone (LUNESTA) 1 mg, 2 mg, 3 mg	Zolpidem (AMBIEN) 5 mg
Zolpidem tartrate (AMBIEN) 10 mg	Zolpidem tartrate (AMBIEN) 5 mg
Zolpidem tartrate extended-release (AMBIEN CR) 12.5 mg or 6.25 mg	Zolpidem (AMBIEN) 5 mg

Muscle Relaxant

Carisoprodol (SOMA) 250 mg	Carisoprodol (SOMA) 350 mg for patients less than 65 years of age. If the patient is 65 or older, the physician will be notified that use is not recommended in the elderly patient
-----------------------------------	--

Ophthalmic Medications:

brimonidine 0.1% or 0.15%	brimonidine 0.2%, same dosing frequency
Ciprofloxacin Ophthalmic solution	Ofloxacin (OCUFLOX) Ophthalmic solution
Gentamicin ophthalmic solution	Tobramycin ophthalmic solution
Pre-Operative Topical moxifloxacin (VIGAMOX)	ofloxacin (OCUFLOX)
moxifloxacin (VIGAMOX) for non-surgical patients	ofloxacin (OCUFLOX)
TIMOPTIC XE 0.25% 1 drop daily	timolol (TIMOPTIC) 0.25% 1 drop 2 times daily
TIMOPTIC XE 0.5% 1 drop daily	timolol (TIMOPTIC) 0.5% 1 drop 2 times daily
TRAVATAN-Z	LUMIGAN
XALATAN	LUMIGAN
Brinzolamide (AZOPT) Ophthalmic Solution	Dorzolamide (TRUSOPT) Ophthalmic Solution 1 drop tid affected eye(s)

Oral Inhalers

ATROVENT MDI up to 12 inhalations/day (previously substituted with SPIRIVA 2 puffs daily)	Duoneb QID
SPIRIVA or COMBIVENT	Duoneb QID

Oral/IV Steroidal Medications

Prednisone Oral Solution	Prednisolone Oral Solution at the same dose
--------------------------	--

(policy 7300-615PT)

Order written for:

Will be filled with:

Pain Medications:

IV acetaminophen (OFIRMEV) for post-op pain	po acetaminophen (when tolerated)
acetaminophen (OFIRMEV) (for non-pediatric patients) 650 mg	acetaminophen (OFIRMEV) (for non-pediatric patients) 1000 mg (not to exceed more than 4000 mg/day or frequency of q6 hours prn)

Pain Medications: Hydrocodone/Acetaminophen Combination

(VICODIN) 5/500	(NORCO) 5/325
(LORTAB) 7.5/500	(NORCO) 7.5/325
(LORTAB) 7.5/500	(NORCO) 7.5/325

Penicillins

Penicillin V Potassium 250 mg po QID	Amoxicillin 250 mg po TID (q8h)
Penicillin V Potassium 500 mg po QID	Amoxicillin 500 mg po TID (q8h)
Ampicillin 250 mg po QID (q6h)	Amoxicillin 250 mg po TID (q8h)
Ampicillin 500 mg po QID (q6h)	Amoxicillin 500 mg po TID (q8h)
Amoxicillin 875 mg po BID (q12h)	Amoxicillin 500 mg po TID (q8h)
Oxacillin 1 or 2 GM IVPB q4-6h	Nafcillin 1 or 2 GM IVPB q4-6h

Polyene Antifungals

Amphotericin B Deoxycholate	Amphotericin B Liposomal with consultaton for appropriate dose
------------------------------------	---

Probiotics

BACID 1 or 2 capsules	FLORAJEN 3 - 1 capsule before meal
-----------------------	---

Proton Pump Inhibitors

Omeprazole (PRILOSEC) 20 mg po daily/BID	Pantoprazole (PROTONIX) 40 mg po daily
Esomeprazole (NEXIUM) 20-40 mg po daily	Pantoprazole (PROTONIX) 40 mg po daily
Dexlansoprazole (KAPIDEX/DEXILANT) 30-60 mg po daily	Pantoprazole (PROTONIX) 40 mg po daily
Rabeprazole (ACIPHEX) 20 mg po daily	Pantoprazole (PROTONIX) 40 mg po daily
Lansoprazole (PREVACID) (not per NG tube)	Pantoprazole (PROTONIX) 40 mg po daily

SSRI's

Citalopram (CELEXA) initial dose 20 mg/day	Escitalopram (LEXAPRO) initial dose 10 mg/day
Citalopram (CELEXA) 40 mg/day (max)	Escitalopram (LEXAPRO) 20 mg/day (max)
Citalopram (CELEXA) elderly, hepatic 20 mg/day	Escitalopram (LEXAPRO) elderly, hepatic 10 mg/day

Order written for:

Will be filled with:

Steroid Nasal Inhalers

Budesonide (RHINOCORT) 2 sp ea nostril BID	Fluticasone (FLONASE) 2 sp ea nostril BID
Budesonide (RHINOCORT) 4 sp ea nostril daily	Fluticasone (FLONASE) 2 sp ea nostril BID
Triamcinolone acetonide (NASACORT AQ) 2 sp ea nostril daily	Fluticasone (FLONASE) 2 sp ea nostril daily
Mometasone (NASONEX) 2 sp ea nostril daily	Fluticasone (FLONASE) 2 sp ea nostril daily
Fluticasone furoate (VERAMYST) 27.5 mcg/spray 2 sprays each nostril daily	Fluticasone propionate (FLONASE) 50 mcg/spray 2 sprays each nostril daily

Steroid Oral Inhalers

Budesonide (PULMICORT TURBUHALER) for inhalation 200 mcg (and multiples of 200 mcg)	Budesonide (PULMICORT FLEXHALER) for inhalation 180 mcg (and multiples of 180 mcg)
Mometasone DPI (ASMANEX) 220 mcg/puff LOW DOSE 1 puff daily MEDIUM DOSE 2 puffs daily HIGH DOSE more than 2 puffs daily	Budesonide DPI (PULMICORT) 180 mcg/puff 1 puff BID 2 puffs BID 3 puffs BID
Beclomethasone HFA (QVAR) MDI 40 mcg/puff LOW DOSE 1-3 puffs BID MEDIUM DOSE 3-6 puffs BID HIGH DOSE More than 6 puffs BID	Budesonide DPI (PULMICORT) 180 mcg/puff 1 puff BID 2 puffs BID 3 puffs BID
FLOVENT Inhaler 88 mcg twice daily May continue substitution in increments up to maximum dose of 880 mcg twice daily Substitution is for Adults & Children 12 yrs of age and older	FLOVENT Diskus 100 mcg twice daily Maximum Dose 1000 mcg twice daily
Flunisolide (AEROBID) MDI 250 mcg/puff LOW DOSE 1-2 puffs BID MEDIUM DOSE 2-4 puffs BID HIGH DOSE more than 4 puffs BID	Budesonide DPI (PULMICORT) 180 mcg/puff 1 puff BID 2 puffs BID 3 puffs BID
Triamcinolone acetonide (AZMACORT) MDI 75 mcg/puff LOW DOSE 2 puffs TID – QID MEDIUM DOSE 2-3 puffs QID HIGH DOSE more than 3 puffs QID	Budesonide DPI (PULMICORT) 180 mcg/puff 1 puff BID 2 puffs BID 3 puffs BID

Vitamins

Ergocalciferol (D2) 50,000 IU	Cholecalciferol (D3) 5,000 IU
Cholecalciferol (D3) 400 IU	Cholecalciferol (D3) 1,000 IU
cyanocobalamin (VITAMIN B12) 100 mcg oral	cyanocobalamin (VITAMIN B12) 500 mcg oral
Vitamin K injection IM or subcutaneous	Vitamin K IVPB (at the same dose)
Vitamin K – Oral (any dose)	Parenteral Vitamin K (dispensed in oral syringe at the same dose)
Multivitamin - Any	Multivitamin Formulary
multivitamin w/iron Any multivitamin w/minerals Any	multivitamin-minerals-iron Formulary

Xanthine Oxidase Inhibitors

febuxostat (ULORIC) 40 or 80 mg and higher	Allopurinol 300 mg (may be adjusted for renal function)
---	--

Updated 2/3/10 kd, 3/19/10 cb, 5/7/10 kd, 8/17/11kd, 9/23/11PT (VIGAMOX) 10/26/11(VIT), 1/10/12 (ZOCOR),
2/7/12 (AMBIEN removed), 5/2/12 statin wording changed, 5/11/12 revert to ZOCOR temporarily, 6/20/12 ZOSYN
CI, 10/30/12 Statins, 11/7/12 APIDRA
Approved 4/22/10 Pharmacy & Therapeutics Committee
Approved 4/28/11 Pharmacy & Therapeutics Committee
Approved 2/28/13 Pharmacy & Therapeutics Committee AMBIEN
Approved 4/25/13 Pharmacy & Therapeutics Committee VERAMYST
Approved 9/26/13 Pharmacy & Therapeutics Committee VITAMIN B12
Approved 11/21/13 Pharmacy & Therapeutics Committee FLORAJEN 3 & SINGULAIR
Approved 2/27/14 Pharmacy & Therapeutics Committee ANCEF & FLOVENT Inhaler
Approved 4/24/14 Pharmacy & Therapeutics Committee GRANIX & KEPPRA
Approved 11/20/14 Pharmacy & Therapeutics Committee HUMALOG/APIDRA/NOVOLOG, TIMOPTIC
Approved 2/26/15 Pharmacy & Therapeutics Committee PROTONIX IV, dexrazoxane
Updated 10/15/15 Metoprolol/Toprol
Updated 11/25/15 Levetiracetam ER
Approved 9/17/15 Pharmacy & Therapeutics Committee Generic Clozapine, OCUFLOX, Allopurinol, 27 mMol potassium
phosphate
Approved 11/19/15 P&T – brimonidine, Amphotericin B Liposomal, Iron Products in Ambulatory Setting
Approved 2/25/16 P&T – Vigamox > Ocuflax
Approved 4/28/16 P & T – Carvedilol (COREG), Prednisolone Oral Soln, Zaleplon/Eszopiclone, Fesoterodine
Approved 6/23/16 P & T – Meropenem (MERREM) for Imipenem (PRIMAXIN), Carisoprodol (SOMA) 350 for 250 mg,
Duoneb for SPIRIVA or COMBIVENT
Approved 9/22/16 P & T 1) Acetaminophen (OFIRMEV) for non-pediatric patients – 650 mg substituted with 1000
mg (not to exceed more than 4000 mg/day or frequency of q 6 hours prn)
2) Zolpidem CR (AMBIEN CR) 12.5 mg or 6.25 mg substituted with Zolpidem (AMBIEN) 5 mg
3) Brinzolamide (AZOPT) Ophthalmic Solution substituted with Dorzolamide (TRUSOPT)
Ophthalmic Solution 1 drop tid affected eye(s)
Approved 11/17/16 P & T – Levemir will be dispensed for lantus unit for unit, Vit K IVPB dispensed for Vit K inj IM or SQ,
parenteral Vit K oral syringe dispensed for oral Vit K