

John Dempsey Hospital

Automatic Substitution List Approved by Pharmacy and Therapeutics Committee

Revised 3-3-09rl

Definitions
<p><u>Category 1</u> – Substitution – inform physician by a written order in the chart or POE. The category allows the pharmacist to substitute, but requires notification in the patient’s medical record. Example: Per Pharmacy and Therapeutics Committee, Therapeutic Interchange Policy (1) D/C (specify drug order) (2) Current preferred drug/dose Pharmacist’s signature</p>
<p><u>Category 2</u> – Substitution – Obtain verbal or telephone order from prescriber. This category allows the pharmacist to substitute but requires prior approval of the interchange by verbal or telephone order from the physician, which will then be written as an order in the chart or entered into POE.</p>

NON-FORMULARY DRUG	CATEGORY	PREFERRED FORMULARY INTERCHANGE	COMMENTS
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A			
Acetaminophen orders or combinations of orders potentially exceeded 4GM per day.	1	Acetaminophen (TYLENOL, PERCOCET, etc)	Clarification order will be written such that combined dose of various medication orders will not exceed 4,000mg (4Gm) of Acetaminophen per day, in order to reduce the potential for liver toxicity (Even lower daily doses such as 2,000mg are suggested in patients on warfarin).

Anusol	1	Dibucaine	Dispense at equivalent dose
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B			
Beclomethasone Nasal (BECONASE)	1	Fluticasone Nasal (FLONASE)	NOTE – Safety and Efficacy below age 4 is outside of the manufacturer’s approval. Maximum dose: 4 sprays daily.
1 spray each nostril BID		1 spray each nostril daily	

Beclomethasone dipropionate (QVAR)	1	Fluticasone (FLOVENT)	See Inhaled Corticosteroid Appendix III
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Benazepril (LOTENSIN)	1	Lisinopril (PRINIVIL, ZESTRIL)	See ACE Inhibitor Appendix I
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Budesonide Nasal (RHINOCORT AQUA)	1	Fluticasone Nasal (FLONASE)	NOTE – Safety and Efficacy below age 4 is outside of the manufacturer’s approval. Maximum dose: 4 sprays daily.
1 spray each nostril BID		1 spray each nostril daily	

Budesonide (Pulmicort Turbuhaler)	1	Fluticasone (FLOVENT)	See Inhaled Corticosteroid Appendix III
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Bupropion Extended Release (WELLBUTRIN XL)	1	Bupropion sustained release (SR) or immediate release (IR)	
150mg XL po daily		150mg SR po daily or 75mg IR po BID	
300mg XL po daily		150mg SR po BID or 100mg IR po TID	
450mg XL po daily		200mg SR po BID or 100mg IR po QID	

Butaconazole Vaginal	1	Miconazole Vaginal	<p><u>Uncomplicated Vulvovaginal Candidiasis:</u> Consider Fluconazole 150mg po x 1 after an appropriate review for cytochrome P450 3A4 drug interactions OR Miconazole Combo Pack: Miconazole 200mg vaginal suppository daily for 3 days with Miconazole 2% topical cream topically to vaginal area BID PRN itching, up to 7 days.</p> <p><u>Recurrent or Severe Vulvovaginal Candidiasis:</u> Fluconazole 150mg po x 1 and repeat in 3 days; screen for drug interactions OR Miconazole 2% Vaginal Cream 1 applicatorful (5GM) daily for 7 to 14 days</p> <p><u>Vulvovaginal Candidiasis during Pregnancy:</u> Miconazole 2% Vaginal Cream 1 applicatorful (5GM) daily for 7 days</p>
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C

Calcium Products	1	<p>Calcium Carbonate (TUMS) 500mg (Elemental Calcium 200mg)</p> <p>Calcium Carbonate (OSCAL) 1250mg (Elemental Calcium 500mg)</p> <p>Oyster Shell Calcium (OSCAL 500 + D) Calcium Carbonate 1250mg (Elemental Calcium 500mg) with Vitamin D 200 units</p> <p>Calcium Carbonate Suspension 1250mg/5ml (Elemental Calcium 500mg/5ml)</p>	
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Candesartan (ATACAND)	1	Valsartan (DIOVAN)	See ARB Appendix II
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Carvedilol Phosphate Extended Release	1	Carvedilol Immediate Release	
10mg po daily		3.125mg po BID	
20mg po daily		6.25mg po BID	
40mg po daily		12.5mg po BID	
80mg po daily		25mg po BID	

Cefoxitin	2	Cefotetan	NOTE: separate policy for C-section prophylaxis
1GM IV q6h		1GM IV q12h	
2GM IV q6h		2GM IV q12h	

Cephalothin	2	Cefazolin	RENAL DOSE: decrease dose as appropriate for renal insufficiency
1GM IV q6h		1GM IV Q8h	
2GM IV q6h		2GM IV q8h	

Cephradine	1	Cephalexin	Dispense at equivalent dose
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Cetirizine (ZYRTEC)	1	Loratidine (CLARITIN)	
Up to 2.5mg daily		5mg po daily	
5mg or more daily		10mg po daily	

Cetirizine/Pseudoephedrine (ZYRTEC-D)	1	Loratidine (CLARITIN)	
All Doses		equivalent Loratidine plus equivalent pseudoephedrine up to 60mg po QID	

Cimetidine (TAGAMET)	1	Ranitidine (ZANTAC)	RENAL NOTE: CrCl <50ml/min, Ranitidine 150mg po daily or Ranitidine 50mg IV q24h
300mg po QID		150mg po BID	
300mg po BID		150mg po daily	
800mg po qhs		300mg po qhs	

Ciprofloxacin (CIPRO)	1	Levofloxacin (LEVAQUIN)	See Quinolone Appendix V
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Clindamycin 900mg IV q8h	1	Clindamycin 600mg IV q8h	Do Not interchange for PCP, toxoplasmosis, PID in an OB patient or a therapeutic failure at a lower dose
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Clotrimazole Vaginal	1	Miconazole Vaginal	See comment field for Butaconazole
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Colchicine 0.5mg PO	1	Colchicine 0.6mg PO	
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D

Darvocet –N 100	1	Propoxyphene 65mg with Acetaminophen 325mg	This is a lower dose of acetaminophen
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Doripenem (DORIBAX)	1	Meropenem (MERREM)	
500mg IV q8h		1GM IV q8h	

E

Enalapril (VASOTEC)	1	Lisinopril	See ACE Inhibitor Appendix I
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Eprosartan (TEVETAN)	1	Valsartan	See ARB Appendix II
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Esomeprazole (NEXIUM) Capsules for tube administration	1	Omeprazole (PRILOSEC) Suspension	Omeprazole suspension will be used for all tube administration in same daily dose due to risk of clogging tubes. Esomeprazole capsules can be opened onto a tablespoon of applesauce (not hot) and
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			administer PO immediately. Can also be given PO with tap water, Orange juice, apple juice, or yogurt and administered immediately as long as pellets are not crushed or chewed.
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Esomeprazole (NEXIUM) IV	2	Esomeprazole (NEXIUM) PO	IV should be switched to PO when patients are tolerating oral diet and oral meds
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Eucerin Lotion	1	Lubriderm Unscented Lotion	Check generic products for fragrance; unscented products only for oncology and radiation oncology patients. Cream version of Eucerin is still on formulary.
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F

Factor Blood Products (HUMATE P, RECOMBINATE)	1	Factor Blood Products (HUMATE P ordered as won vilibrand factor)	Dose should be changed (within +/- 10%) based on current dosage vial sizes in pharmacy so no medication is wasted. Prefer to round up to nearest vial size.
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Famotidine (PEPCID)	1	Ranitidine (ZANTAC)	RENAL NOTE: CrCl<50ml/min, Ranitidine 150mg po daily or Ranitidine 50mg IV q24h
20mg po BID		150mg po BID	
20mg po daily		150mg po daily	
40mg po qhs		300mg po qhs	
20mg IV q12h		50mg IV q8h	
20mg IV q24h		50mg IV q12h	

Fexofenadine (ALLEGRA)	1	Loratadine (CLARITIN)	
All doses		10mg po daily	

Fexofenadine/Pseudoephedrine (Allegra-D)	1	Loratadine (CLARITIN)	
All doses	1	10mg po daily plus equivalent pseudoephedrine up to 60mg QID	

Flunisolide Nasal (NASALIDE)	1	Fluticasone Nasal (FLONASE)	NOTE – Safety and Efficacy below age 4 is outside of the manufacturer’s approval. Maximum Dose: 4 sprays daily.
2 sprays each nostril BID		2 sprays each nostril daily	

Flunisolide (AEROBID)	1	Fluticasone (FLOVENT)	See Inhaled Corticosteroid Appendix III
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Flurazepam (DALMANE)	1	Temazepam (RESTORIL)	Dispense at equivalent dose
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Fluvastatin (LESCOL)	1	Simvastatin (ZOCOR)	See HMG-CoA Reductase Inhibitor Appendix IV
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Fosinopril (MONOPRIL)	1	Lisinopril	See ACE Inhibitor Appendix I
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I

Imipenem-Cilastin (PRIMAXIN)	1	Meropenem (MERREM)	
2-3 GM IV daily		1GM IV q8h	

Irbesartan (AVAPRO)	1	Valsartan (DIOVAN)	See ARB Appendix II
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K

Ketorlac (TORADOL)	1	Ketorlac (TORADOL)	
Orders exceeding 5 days			Clarification order will be written such that combined injectable plus oral ketorlac therapy orders, scheduled or prn, will not exceed 5 days duration. Oral ketorlac remains non-formulary.

L

Lansoprazole (PREVACID)	1	Esomeprazole (NEXIUM)	
15mg same frequency		20mg same frequency	
30mg same frequency		40mg same frequency	

Loratadine/Pseudoephedrine (CLARITIN-D)	1	Loratadine plus Pseudoephedrine	Equivalent Loratadine plus equivalent Pseudoephedrine up to 60mg po QID
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Losartan (COZAAR)	1	Valsartan (DIOVAN)	See ARB Appendix II
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Lovastatin (MEVACOR)	1	Simvastatin (ZOCOR)	See HMG-CoA Reductase Inhibitor Appendix IV
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M

Maalox or Mylanta	1	Aluminum Hydroxide and Magnesium Hydroxide with Simethicone	
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Mometasone Inhaler (ASMANEX TWISTHALER)	1	Fluticasone (FLOVENT)	See Inhaled Corticosteroid Appendix III
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Moexipril (UNIVASC)	1	Lisinopril	See ACE Inhibitor Appendix I
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Moxifloxacin (AVELOX)	1	Levofloxacin (LEVAQUIN)	See Quinolone Appendix V
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N

Nizatidine (AXID)	1	Ranitidine (ZANTAC)	RENAL NOTE: CrCl<50ml/min, Ranitidine 150mg PO daily or Ranitidine 50mg IV q24h
150mg po BID		150mg po BID	
150mg po daily		150mg po daily	
300mg po qhs		300mg po qhs	

O

Olmesartan (BENICAR)	1	Valsartan (DIOVAN)	See ARB Appendix II
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Omeprazole (PRILOSEC)	1	Esomeprazole (NEXIUM)	Omeprazole will remain on formulary for suspension use (see PPI appendix)
20mg same frequency		20mg same frequency	
40mg same frequency		40mg same frequency	

P

Pantoprazole (PROTONIX)	1	Esomeprazole (NEXIUM)	
20mg same frequency		20mg same frequency	
40mg same frequency		40mg same frequency	

Pantoprazole (PROTONIX)	2	Esomeprazole (NEXIUM)	
80mg bolus plus 8mg/hr for acute 8mg/hr for acute GI Bleed with endoscopic intervention		40mg IV q8hr x 48 hours (6 doses), then 40mg IV (or PO) daily	

Paroxetine continuous release (PAXIL CR)	1	Paroxetine (PAXIL)	
12.5mg CR PO daily		10mg PO daily	
25mg CR PO daily		20mg PO daily	
37.5mg CR PO daily		30mg PO daily	

Perindopril (ACEON)	1	Lisinopril	See ACE Inhibitor Appendix I
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Potassium Doses > 40meq per dose	1	Potassium 40meq per dose at 2 hour intervals (excluding maintenance doses)	Packets are preferred for faster absorption when replacing potassium.
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Pravastatin (PRAVACHOL)	1	Simvastatin (ZOCOR)	See HMG-CoA Reductase Inhibitor Appendix IV
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Q

Quinapril (ACCUPRIL)	1	Lisinopril	See ACE Inhibitor Appendix I
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R

Rabeprazole (ACIPHEX)	1	Esomeprazole (NEXIUM)	
20mg same frequency		20mg same frequency	
40mg same frequency		40mg same frequency	

Ramipril (ALTACE)	1	Lisinopril	See ACE Inhibitor Appendix I
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Rosuvastatin (CRESTOR)	1	Simvastatin (ZOCOR)	See HMG-CoA Reducataase Inhibitor Appendix IV
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S

Sildenafil (VIAGRA)	2	Sildenafil (ROVATIO) dose per discussion with prescriber	
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T

Telmisartan (MICARDIS)	1	Valsartan (DIOVAN)	See ARB Appendix II
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Trandolapril (MAVIK)	1	Lisinopril	See ACE Inhibitor Appendix I
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Triamcinolone Inhaler (AZMACORT)	1	Fluticasone (FLOVENT)	See Inhaled Corticosteroid Appendix III
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Triamcinolone Nasal (NASACORT)	1	Fluticasone (FLONASE)	NOTE –Safety and Efficacy below age 4 is outside of the manufacturer’s approval. Maximum dose: 2 sprays daily.
2 sprays each nostril daily		2 sprays each nostril daily	

Tylox	1	Percocet	Dispense at equivalent dose of Oxycodone
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Appendix 1: Angiotensin Converting Enzyme (ACE) Inhibitors Equivalency Table

Approved 5/5/08

Table 1 of 2

	Formulary	Formulary	Non-Formulary	Non-Formulary	Non-Formulary
Medication Generic Name	Lisinopril	Captopril	Benazepril	Enalapril	Fosinopril
Medication Brand Name	Zestril, Prinivil	Capoten	Lotensin	Vasotec	Monopril
Intermediate, Long-Acting, or Short-Acting	Long-Acting	Short-Acting	Intermediate Acting	Intermediate Acting	Long-Acting
Equivalent Dosage	10mg	25mg bid-tid	10mg	5-10mg	10mg
Advantages	No Hepatic Activation	No Hepatic Activation, Titratable			

Table 2 of 2

	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary
Medication Generic Name	Moexipril	Perindopril	Quinapril	Ramipril	Trandolapril
Medication Brand Name	Univasc	Aceon	Accupril	Altace	Mavik
Intermediate, Long-Acting, or Short-Acting	Intermediate Acting	Long-Acting	Intermediate Acting	Intermediate Acting	Long-Acting
Equivalent Dosage	7.5mg	4mg	10mg	2.5mg	2mg

Formulary IV agent conversion to PO

Enalaprilat 1.25mg IV q6hr = Enalapril 5mg = Lisinopril 10mg

	Hypertension	LV Systolic HF	Post-MI	Treatment of nephropathy in Type I DM	CV Risk reduction in high risk patients
ACE Inhibitor					
Captopril	X	X	X	X	
Enalapril	X	X			
Fosinopril	X	X			
Lisinopril	X	X	X		
Moexipril	X				
Perindopril	X				X
Quinapril	X	X			
Ramipril	X		X		X
Trandolapril	X	X			

Appendix II: Angiotensin Receptor Blocker (ARB) Equivalency Table

Candesartan (ATACAND)	Eprosartan (TEVETEN)	Irbesartan (AVAPRO)	Losartan (COZAAR)	Olmesartan (BENICAR)	Telmisartan (MICARDIS)	Valsartan (DIOVAN) Formulary
4mg daily	400mg daily	75mg daily	25mg daily	-----	20mg daily	40mg daily
8mg daily or 4mg bid	600mg daily	150mg daily	50mg daily	20mg daily	40mg daily	80mg daily
16mg daily or 8mg bid	800mg daily	300mg daily	100mg daily	40mg daily	80mg daily	160mg daily

Note – Combination Products such as Hyzaar, Micardis HCT, Avalide, etc will be converted to the equivalent components. Patients admitted on Hyzaar (50mg Losartan and 12.5mg Hydrochlorthiazide tablet) will be converted to the equivalent dose of Valsartan 80mg and Hydrochlorthiazine 12.5mg.

Appendix III: Inhaled Corticosteroid Equivalency Table
Approved

Drug	Low Daily Dose	Medium Daily Dose	High Daily Dose	Max Daily Dose Per Manufacturer
Beclomethasone Dipropionate HFA (QVAR)	80-240mcg	240-480mcg	>480mcg	640mcg
40mcg/puff	2-6 puffs/day	6-16 puffs/day	>16 puffs/day	640mcg
80mcg/puff	1-3 puffs/day	3-8 puffs/day	>8 puffs/day	640mcg
Budesonide (PULMICORT TURBUHALER)	200-600mcg	600-1200mcg	>1200mcg	1600mcg
200mcg/inhalation	1-2 inhalations/day	3-6 inhalations/day	>6 inhalations/day	1600mcg
Flunisolide (AEROBID)	500-1000mcg	1000-2000mcg	>2000mcg	2000mcg
250 mcg/puff	2-4 puffs/day	4-8 puffs/day	>8 puffs/day	2000mcg
Fluticasone (FLOVENT)	88-264mcg	264-660mcg	>660mcg	1760mcg
44mcg/puff	2-6puffs/day			
110mcg/puff	2 puffs/day	2-6 puffs/day	>6puffs/day	1760mcg
220mcg/puff			>3puffs/day	1760mcg
Mometasone (ASMANEX TWISTHALER)	~220mcg	~440mcg	~>440mcg	880mcg
220mcg/inhalation	1 inhalation/day	2 inhalation/day	>2 inhalation/day	880mcg
Triamcinolone acetonide (AZMACORT)	400-1000mcg	1000-2000mcg	>2000mcg	1600mcg
100mcg/puff	4-10 puffs/day	10-20 puffs/day	>20 puffs/day	

Adapted from the National Asthma Guidelines NIH Publ 02-5074, Page 119

The combination dry-powder inhaler Advair Diskus, containing 100,250, or 500mcg Fluticasone (FLOVENT) plus 50mcg Salmeterol (SEREVENT) is also on formulary. Maximum daily dose is 2 puffs/day of 500/50.

Appendix IV: HMG CoA Reductase Inhibitor Conversion Table

Approved 1/16/08

Daily dose at 9pm for all HMG CoA Reductase Inhibitors.
Dose Equivalency based on percentage of LDL lowering.

Atorvastatin (LIPITOR)	Fluvastatin (LESCOL)	Lovastatin (MEVACOR)	Pravastatin (PRAVACHOL)	Rosuvastatin (CRESTOR)	Simvastatin (ZOCOR)
Formulary But Restricted			Formulary But Restricted		Formulary
-----	-----	10mg	10mg	-----	5mg
-----	40mg	20mg	20mg	-----	10mg
10mg	80mg	40mg	40mg	5mg	20mg
20mg	-----	80mg	80mg	10mg	40mg
40mg	-----	-----	-----	20mg	80mg
80mg	-----	-----	-----	-----	-----

Exceptions:

A. Atorvastatin 80mg – honor for pt's coming in with this dose and hx of ACS.

B. Pravastatin or Atorvastatin is allowed if documented history of myopathy, myositis, or rhabdomyolysis from simvastatin.

C. Dosing considerations: Due to increased risk of Rhabdomyolysis with Simvastatin and CYP3A4 inhibitors, follow below:

If Simvastatin AND a CYP3A4 Inhibitor (Amiodarone, Diltiazem, Verapamil, Clarithromycin, Cyclosporine, Itraconazole, Erythromycin, Ketoconazole, HIV Protease Inhibitor, or other potent inhibitor)

RPh Action: If Simvastatin ordered, use Pravastatin or Atorvastatin in equivalent dose.

D. Lipid lowering agents that can cause myopathy when used alone

Gemfibrozil, Cyclosporine, Danazol, Niacin >1Gm/daily

RPh Action: If patient is stable on above med and Simvastatin continue both or if Simvastatin is above 10mg/day. RPh may suggest to MD to decrease dose to 10mg daily or change to Pravastatin or Atorvastatin

Appendix V: Quinolone Equivalency Table

Approved 11-17-04

Chart A: Ciprofloxacin/Moxifloxacin to Levofloxacin conversion chart for patients with normal renal function

Diagnosis	Ciprofloxacin Oral Dose ¹	Ciprofloxacin IV Dose ¹	Moxifloxacin Oral/IV Dose ¹	Levofloxacin Oral/IV Dose ¹
Complicated Urinary Tract Infection	500mg q12h	400mg IV q12h	Not indicated	250mg q24h
Acute Bacterial Exacerbation of Chronic Bronchitis	750mg q12h	400mg IV q8h	400mg q24h	500mg q24h
Community Acquired Pneumonia (CAP)	500mg q12h	400mg IV q12h	400mg q24h	750mg q24h for 5 days ² OR 500mg q24h
Severe CAP/ Nosocomial Pneumonia ³	750mg q12h	400mg IV q8h	Not indicated	750mg q24h
Uncomplicated Skin and Structure Infection (SSSI)	500mg q12h	400mg IV q12h	400mg q24h	500mg q24h
Complicated SSSI	750mg q12h	400mg IV q8h	400mg q24h	750mg q24h
Intra-abdominal infections♦	500mg q12h	400mg IV q12h	Not indicated	500-750mg q24h

1 – Unless otherwise specified, durations of treatment are 7-14 days.

2 – Clinical effectiveness only proven in infections caused by penicillin susceptible *S.pneumoniae*, *H.influenzae*, *H.parainfluenzae*, *M.pneumoniae*, and *C.pneumoniae*.

3 – Combination therapy should be considered for Nosocomial Pneumonia

♦ - Used in conjunction with metronidazole

Chart B: Dosage Adjustment Schedule for Patients with Renal Dysfunction Receiving Levofloxacin

Community Acquired Pneumonia/Nosocomial Pneumonia/Complicated Skin & Structure Infection

Renal Function (Est CrCl)	Initial Dose	Subsequent Dose
>50ml/min	750mg	750mg q24h
20-49 ml/min	750mg	750mg q48h
10-19 ml/min	750mg	500mg q48h
Hemodialysis/CAPD	750mg	500mg q48h

Acute Bacterial Exacerbation of Chronic Bronchitis/Community Acquired Pneumonia

Renal Function (Est CrCl)	Initial Dose	Subsequent Dose
>50ml/min	500mg	500mg q24h
20-49ml/min	500mg	250mg q24h
10-19ml/min	500mg	250mg q48h
Hemodialysis/CAPD	500mg	250mg q48h

Complicated UTI/Acute Pyelonephritis

Renal Function (Est CrCl)	Initial Dose	Subsequent Dose
>/20ml/min	250mg	250mg q24h
< 20ml/min	250mg	250mg q48h

Appendix VI: Medication Order Changes by Pharmacist Authorized by P&T

Approved 2/12/08

The Pharmacist has authorization from the Pharmacy and Therapeutics Committee to make the following changes for the following types of Medication Orders:

1. Delete Duplicate orders of the same medication, dose, route with varying schedules.

a. e.g. Acetaminophen 650mg po q4hrs prn pain – new order

Acetaminophen 650mg po q6hrs prn pain – old order not discontinued by physician (RPh can authorization to delete and add additional SIG Not to Exceed 4GM/day)

b. Orders for the same medication with different routes are accepted but the RPh may delete one route if the Physician and patient's nurse agree that this route is not intended to be used for a finite period.

Patient is NPO, has Gastric obstruction, intubated, discuss with Physician and patient's nurse option to delete PO until PO medications and diet are tolerated or RPh will add SIG as above.

2. Automatic interchange between liquid and solid forms and route (if necessary) or an ordered medication

e.g. Patient is receiving medication and/or feedings via NG,OG,PEG – RPh after discussion with patient's nurse will switch from oral to liquid form (if available). For Phenytoin, RPh to consult with physician.

3. Automatic change of dose strengths (a) based on pharmacy availability or (b) change between sustained release dosage form and immediate release dosage form.

a. Fluoxetine (PROZAC) 30mg po daily – RPh changes product to 3 of 10mg capsule equivalent to 30mg dosage

b. Warfarin 7mg as 1.4 of 5mg tablet – RPh changes product to 5mg and 2mg tablet equivalent to 7mg dosage

b. Cardizem CD 180mg po daily – patient cannot take CD or medication needs to be crushed or nurse's preference – RPh changes product to Diltiazem 60mg po q8hrs or TID (9-3-9)

4. Automatic changes of Now + Routine priority medication orders for morning that might result in the patient receiving 2 unintended doses within a short period of time.

a. Physician changes order of Metoprolol 50mg daily to 50mg po BID as a priority of now and routine if within several hours of next scheduled dose routine with intent of increasing to 2 doses per day – RPh changes priority to routine.

*If any change in medication code, route, schedule, RPh is required to enter a corresponding order into the written chart or CPOE (Computerized Physician Order Entry).