Assisted Living Alberta

ASL-01 Automatic Substitution List

Overview

To streamline drug therapy, orders for certain non-formulary drugs may be automatically substituted (also known as therapeutic substitution) to a different drug that is considered therapeutically equivalent. These substitutions are approved by the Calgary Type A Continuing Care Home (CCH) Pharmacy and Therapeutics Committee.

The rationale for therapeutic substitutions may vary by drug product, but typical motivating factors for any given product may be:

- Ease of drug regimen
- To decrease the number and variability of available drugs
- Cost of therapy
- Clinical effects are similar or non-inferior to the original prescribed therapy
- To support drug shortage situations

During the initial 3-week assessment period following a resident's admission, the pharmacist may use this time to determine the appropriateness of any therapeutic substitution, and not feel compelled to immediately change therapy during Medication Reconciliation.
At any time, if the substituted product is considered clinically inappropriate for the resident, the substitution should not take place, and the pharmacist should consult with the resident's medical practitioner or prescriber to determine the most appropriate therapy, and apply for non-formulary funding as necessary.

Note: Therapeutic substitutions are considered mandatory in all circumstances unless there is a clear rationale for using the original prescribed drug. Any exemption requires application under the NF process and may or may not be approved by AHS past the evaluation period.

ORIGINAL ORDER			AUTOSUB TO:		
Name	Strength	Frequency	Name	Strength	Frequency
acetaminophen ER (Tylenol Arthritis Pain®) Note: auto-substitution not required if client meets restricted criteria. See RS-11.	650 mg	bid or q12h	acetaminophen immediate release	325 mg	qid
	650 mg	tid or q8h		500 mg	qid
	1300 mg	bid or q12h		650 mg	qid
	1300 mg	tid or q8h		1000mg	qid
acyclovir (Zovirax®)	as ordered	5 times a day	valacyclovir (Valtrex®)	Refer to renal dosing guidelines	
alendronate (Fosamax®)	any strength	as ordered	risedronate (Actonel ®)	35 mg	weekly
ampicillin (Penbritin®)	250 - 500 mg	qid	amoxicillin (Amoxil®)	250 – 500 mg	tid
bimatoprost (Lumigan RC®, Vistitan ®)	0.01% or 0.03%	as ordered	latanoprost	0.005%	one drop to eye(s) once daily (usually at bedtime)
brimonidine PF (Alphagan®)	0.15%	as ordered	brimonidine	0.2%	same number of drops and frequency
brimonidine / timolol (Combigan®)	0.2% * 0.5%	as ordered	individual components of the combination products. Allow 5 minutes between products		same number of drops and frequency
brimonidine / brinzolamide (Simbrinza®)	0.2% *1%	as ordered	individual components of the combination with substitution applied to brinzolamide. Allow 5 minutes between products		same number of drops and frequency
brinzolamide / timolol (Azarga®)	1% * 0.5%	as ordered	dorzolamide / timolol Or individual components with substitution applied to brinzolamide	2% *0.5%	same number of drops and frequency
brinzolamide (Azopt®)	1%	as ordered	dorzolamide	2%	same number of drops and frequency
calcium	1000 mg (elemental)	daily	calcium	500 mg (elemental)	bid
calcium carbonate (Tums® Ultra, Tums ® Regular Strength)	400 mg or 200 mg elemental calcium	as ordered	Tums ® Extra Strength (or LCA)	300 mg elemental calcium	same frequency
Cascara®	as supplied	as ordered	Senokot®	8.6 mg	same frequency

ORIGINAL ORDER			AUTOSUB TO:		
Name	Strength	Frequency	Name	Strength	Frequency
ciclopirox (Loprox®) Cream/Lotion	1%	as ordered	clotrimazole (Canesten®) cream/solution	1%	same frequency
flumetasone/clioquinol (Locacorten Vioform®) Cream or Ointment	as supplied	as ordered	betamethasone valerate/nystatin cream (1:1)	0.1%/100,000 unit/g	same frequency
Cerumenex®	any formulation	as ordered	mineral Oil (heavy)	as supplied	same frequency
Combivent® Nebulizer Sol'n	as supplied	as ordered	salbutamol (Ventolin®)/ ipratropium (Atrovent®) single agent MDIs unless meets **Restricted Status (RS – 21) criteria**	100 mcg	same frequency
cyanocobalamin (vitamin B12) any oral formulation	1-500 mcg	as ordered	cyanocobalamin (vitamin B12) oral form, regular release	500 mcg tablet	same frequency
cyanocobalamin (vitamin B12) any oral formulation	501 mcg and above dosing	as ordered	cyanocobalamin (vitamin B12) oral form, regular release	1000 mcg tablet	same frequency
diclofenac topical, single entity	any strength other than 2.32% (compounded or commercial product)	as ordered - scheduled	diclofenac diethylamine gel (Voltaren Emulgel®).	2.32%	maximum BID (if originally ordered as daily, may continue with daily). Additional Restrictions apply (see RS-11)
diclofenac topical, single entity	any strength other than 2.32% (compounded or commercial product)	as ordered - PRN	diclofenac diethylamine gel (Voltaren Emulgel®).	2.32%	maximum BID PRN (if originally ordered as daily PRN, may continue with daily PRN). Additional Restrictions apply (see RS-11)
darifenacin (Enablex®)	7.5mg	once daily	solifenacin (Vesicare®)	5mg	once daily
dextromethorphan cough suppressant, single entity, sustained-release (e.g.Delsym®)	30mg/5mL	q12h (scheduled or PRN)	dextromethorphan formulary cough suppressant, regular release, single entity (e.g. Balminil® DM),	15mg/5mL	q6h (scheduled or PRN)
etidronate (Didronel®, Didrocal®)	any strength	as ordered	risedronate (Actonel ®)	35 mg	weekly
famciclovir	500 mg	TID (for herpes zoster)	valacyclovir	1000 mg	TID x 7 days
	250mg	TID		1000 mg	BID x 7 days
	250mg	TID		1000 mg	daily x 3 days
	250mg	BID		500 mg	daily
	500mg	BID		1000 mg	BID x 7 days
	1500 mg	daily		2000 mg	BID x 1 day
fenofibrate, microcoated (Lipidil Supra)	100 mg	once daily	fenofibrate, micronized (Lipidil Micro)	134 mg (2 x 67 mg caps)	once daily
fenofibrate (Lipidil, Apo-Fenofibrate)	100 mg	TID	fenofibrate, micronized (Lipidil Micro)	200 mg	once daily
fenofibrate, microcoated (Lipidil Supra)	160 mg	once daily	fenofibrate, micronized (Lipidil Micro)	200 mg	once daily
fenofibrate, nanocrystals (Lipidil EZ)	145 mg	once daily	fenofibrate, micronized (Lipidil Micro)	200 mg	once daily
gentamicin ophthalmic drops or ointment	0.30%	as ordered	tobramycin ophthalmic drops or ointment	0.10%	same frequency
heme iron polypeptide	11 mg	as ordered	ferrous gluconate	300 mg	same frequency
insulin glargine (Lantus)	100 unit/mL	as ordered	insulin glargine (Semglee)	100 unit/mL	same dose, same frequency
insulin glargine (Basaglar)	100 unit/mL	as ordered	insulin glargine (Semglee)	100 unit/mL	same dose, same frequency
insulin human biosynthetic regular (Novolin ge Toronto)	100 unit/mL	as ordered	insulin human biosynthetic regular (Humulin R)	100 unit/mL	same dose, same frequency
insulin human biosynthetic isophane (Novolin ge NPH)	100 unit/mL	as ordered	insulin human biosynthetic isophane (Humulin N)	100 unit/mL	same dose, same frequency

ORIGINAL ORDER			AUTOSUB TO:		
Name	Strength	Frequency	Name	Strength	Frequency
ipratropium bromide / salbutamol 0.5mg*2.5mg per 2.5 mL nebules	0.5mg*2.5mg per dose	any frequency	ipratropium bromide MDI 20mcg/puff and salbutamol MDI 100mcg/puff (use both with a spacer) May use nebules only if client meets RS-21 criteria	80 mcg (4 puffs) ipratropium/dose and 200 mcg (2 puffs) salbutamol/dose	same frequency
insulin human biosynthetic regular / insulin human biosynthetic isophane (Novolin ge 30/70)	30 unit/mL * 70 unit/mL	as ordered	insulin human biosynthetic regular / insulin human biosynthetic isophane (Humulin 30/70)	30 unit/mL * 70 unit/mL	same dose, same frequency
ipratropium nebules	125 mcg/dose	any frequency	ipratropium MDI 20mcg/puff (with spacer)	20 mcg (1 puff) per dose	same frequency
	250 mcg/dose	any frequency	May use nebules only if client meets RS-21	40 mcg (2 puffs) per dose	same frequency
	500 mcg/dose	any frequency	criteria	80 mcg (4 puffs) per dose	same frequency
ketoconazole (Nizoral®)	2%	as ordered	clotrimazole (Canesten®)	1%	same frequency
metronidazole topical gel	0.75%	as ordered	metronidazole topical gel	1%	for Rosacea: once daily for other indications: same frequency
metronidazole topical cream	0.75%	as ordered	metronidazole topical cream	1%	same frequency
milk of magnesia/paraffin (Magnolax®)	as supplied	as ordered	magnesium hydroxide (Milk of Magnesia®)	as supplied	same frequency
miconazole (Monistat®)	2%	as ordered	clotrimazole (Canesten®)	1%	same frequency
mineral oil	light	as ordered	mineral oil	heavy	same dose, same frequence
mupirocin (Bactroban®)	2%	as ordered	fusidic acid ointment	2%	same frequency
nifedipine (Adalat®)	5 mg	as ordered for hypertensive crisis	captopril (Capoten®)	12.5 mg	May be given sublingually. Auto-substitution does not apply to other indications. For other indications, nifedipine immediate release is non-formulary
nifedipine (Adalat®)	10 mg	as ordered for hypertensive crisis	captopril (Capoten®)	25 mg	May be given sublingually. Auto-substitution does not apply to other indications. For other indications, nifedipine immediate release is non-formulary
bromfenac (Prolensa ®)	0.07%	once daily	diclofenac eye drops	0.1%	at equivalent dose and frequency
ketorolac (Acular®)	0.5%	one drop four times a day	diclofenac eye drops	0.1%	at equivalent dose and frequency
nepafenac (Nevanac®)	0.1%	one three times a day	diclofenac eye drops	0.1%	at equivalent dose and frequency
nepafenac (Ilevro®)	0.3%	one one drop once daily	diclofenac eye drops	0.1%	at equivalent dose and frequency
nystatin (Mycostatin®, Nilstat®) vaginal ovules	100,000 units	as ordered	clotrimazole (Canesten®) vaginal tablets	200 mg	as directed
nystatin powder (compounded)	100 000 units/g	as ordered (PRN or scheduled)	miconazole spray	2%	as ordered, max. twice a day
ophthalmic lubricant eye drops (any non-formulary lubricant eye drop with preservative)	as supplied	as ordered	carboxymethylcellulose sodium 0.5%, purite preservative (Refresh Tears)	as supplied	same frequency
ophthalmic lubricant eye drops, preservative-free (PF) (any non-formulary, unit dose lubricant eye drop)	as supplied	as ordered	carboxymethylcellulose sodium 1% PF minims (Refresh Celluvisc)* Restricted Status	1%	same frequency *carboxymethylcellulose sodium 0.5% PF (Refresh +Plus) is another restricted formulary option
ophthalmic lubricant ointment (any non-formulary eye lubricant ointment/gel)	as supplied	as ordered	petrolatum / mineral oil (Lacri-Lube ®) 3.5 g. If MCS, may substitute with Systane ®	as supplied	same frequency
oxycodone (OxyNEO®)	as ordered	as ordered	oxycodone CR (generic LCA)	same strength	same frequency
oxycodone/naloxone (Targin®)	5mg/2.5mg	as ordered	oxycodone CR (generic LCA)	5mg	same frequency
penicillin G	500,000 unit	as ordered	penicillin V (PVF-K)	500,000 unit	same frequency
phenytoin (Dilantin® Suspension)	as ordered	as ordered	phenytoin (Dilantin®) tab/cap	same dose	same frequency

ORIGINAL ORDER			AUTOSUB TO:		
Name	Strength	Frequency	Name	Strength	Frequency
potassium chloride sustained-release capsule	8 mEq	as ordered	potassium chloride oral liquid (for after-hours/contingency stock use situations)	1.33 mEq/mL (6 mL = 8 mEq)	as ordered
potassium chloride sustained-release tablet	8 mEq	as ordered	potassium chloride oral liquid (for after-hours/contingency stock use situations)	1.33 mEq/mL (6 mL = 8 mEq)	as ordered
potassium chloride sustained-release tablet	20 mEq	as ordered	potassium chloride oral liquid (for after-hours/contingency stock use situations)	1.33 mEq/mL (15 mL= 20 mEq)	as ordered
salbutamol nebules	1.25 mg per dose	any frequency	salbutamol MDI 100mcg/puff (with spacer) May use nebules only if client meets RS-21 criteria	100 mcg (1 puff) per dose	same frequency
	2.5 mg per dose	any frequency		200 mcg (2 puffs) per dose	same frequency
	5 mg per dose	any frequency		400 mcg (2 puffs) per dose	same frequency
salmeterol xinafoate/fluticasone propionate (Advair ® MDI)	25mcg*125mcg	as ordered	formoterol fumarate/mometasone furoate (Zenhale® MDI)	5mcg*100mcg	same number of puffs and frequency
salmeterol xinafoate/fluticasone propionate (Advair ® MDI)	25mcg*250mcg	as ordered	formoterol fumarate/mometasone furoate (Zenhale® MDI)	5mcg*200mcg	same number of puffs and frequency
terbinafine (Lamisil®) Cream	1%	as ordered	clotrimazole (Canesten®) unless meets Restricted Status (RS-17) criteria	1%	same frequency
tolterodine LA (Detrol®)	2 mg	as ordered	solifenacin (Vesicare®)	5 mg	same frequency
travoprost (Travatan Z®)	0.004%	as ordered	latanoprost (Xalatan®)	0.005%	one drop to eye(s) once daily (usually at bedtime)
travoprost-timolol (Duotrav PQ ®)	0.004% - 0.5%	as ordered	latanoprost / timolol Or individual components with substitution applied to travoprost. Allow 5 minutes between products	0.005% * 0.5%	same number of drops and frequency

ORIGINAL ORDER			AUTOSUB TO:		
Name	Strength	Frequency	Name	Strength	Frequency
84:00 - Skin and Mucous Membrane Agents					
Low potency corticosteroids					
•desonide 0.05% cream, ointment •fluocinolone acetonide 0.01% cream, ointment •hydrocortisone 0.5% cream, ointment, lotion •hydrocortisone 1% cream, ointment, solution •hydrocortisone 2.5% cream, ointment, lotion		as ordered	•hydrocortisone acetate 0.5% cream, ointment OR •hydrocortisone acetate 1% cream, ointment •hydrocortison 1% lotion		same frequency, same vehicle
Medium potency corticosteroids					
•fluocinolone acetonide 0.025% cream and ointment •mometasone furoate 0.1% cream, ointment and lotion •triamcinolone acetonide 0.025% cream, ointment and lotion •triamcinolone acteonide 0.1% cream, ointment and lotion		as ordered	•betamethasone valerate 0.1% cream OR •hydrocortisone 17-valerate 0.2% cream and ointment •betamethasone dipropionate 0.05% lotion		same frequency, same vehicle
High potency corticosteroid					
•betamethasone diproprionate augmented (Glycol) 0.05% cream •fluocinonide 0.05% cream, ointment •halcinonide 0.1% cream, ointment •triamcinolone acetonide 0.5% cream		as ordered	•amcinonide 0.1% cream, ointment, lotion OR •betamethasone dipropionate 0.05% cream, ointment OR •betamethasone valerate 0.1% ointment		same frequency, same vehicle
Very high potency corticosteroid cream/ointment/lotion					
•betamethasone dipropionate augmented (Glycol) 0.05% ointment, lotion •halobetasol propionate 0.05% cream or ointment		as ordered	•clobetasol 17-propionate 0.05% cream, ointment, scalp lotion		same frequency, same vehicle
Referece: Geriatric Dosage Handbook, 14th Ed. (2009). *Comparative Drug Charts: Corticosteroids, Topical* . p1806-07.					
*Please note that betamethasone valerate 0.05% cream, oinment, lotion, and betamethasone valerate 0.1% scalp lotion and lotion, and hydrocortison 1% lotion are Formulary, but not part of the autosubstitutions					
52:00 - Eye, Ear, Nose, and Throat (EENT) Preparations					
		Initial/Acute Adult Dose (Rhinitis)			**Initial/Acute Adult Dose (Allergic Rhinitis)***
budesonide (Rhinocort Turbuhaler)	100 mcg/actuation	2 actuations (200 mcg) in each nostril once daily [total daily dose: 400 mcg/day]	mometasone furoate (Nasonex)	50 mcg/spray	2 sprays (100mcg) into each nostril once daily [total daily dose: 200 mcg/day]
budesonide aqueous (Rhinocort Aqua)	64 mcg/spray	2 sprays (128 mcg) into each nostril once daily ***or*** 1 spray (64 mcg) into each nostril twice daily [total daily dose: 256 mcg/day]	mometasone furoate (Nasonex)	50 mcg/spray	2 sprays (100mcg) into each nostril once daily [total daily dose: 200 mcg/day]
budesonide aqueous (Rhinocort Aqua)	100 mcg/spray	2 sprays (200 mcg) into each nostril once daily ***or*** 1 spray (100 mcg) into each nostril twice daily [total daily dose: 400 mcg/day]	mometasone furoate (Nasonex)	50 mcg/spray	2 sprays (100mcg) into each nostril once daily [total daily dose: 200 mcg/day]
fluticasone propionate (Flonase)	50 mcg/spray	once daily ***or*** 1 spray (50 mcg) in each nostril BID [total daily dose: 200 mcg/day]	mometasone furoate (Nasonex)	50 mcg/spray	2 sprays (100mcg) into each nostril once daily [total daily dose: 200 mcg/day]
beclomethasone dipropionate aqueous (Beconase AQ)	50 mcg/spray	BID [total daily dose: 400 mcg/day]	mometasone furoate (Nasonex)	50 mcg/spray	2 sprays (100mcg) into each nostril once daily [total daily dose: 200 mcg/day]
triamcinolone acetonide aqueous nasal spray (Nasacort Aq)	55mcg/spray	2 sprays (110 mcg) into each nostril once daily [total daily dose: 220 mcg/day]	mometasone furoate (Nasonex)	50 mcg/spray	2 sprays (100mcg) into each nostril once daily [total daily dose: 200 mcg/day]
*Dose equivalents based on **initial** dosing for rhinitis-type indications. For **maintenance** dosing, titrate down to minimum effective dose. Consult CphA Monograph -Corticosteroids: Eye, Ear, Nose -for more detailed dosing guidelines					