



# M Chest Pharmacy Therapeutic Interchange Form

<b>Facility Name (Print)</b>	<b>Facility Address (Print)</b>
<b>Physician Name (Print)</b>	<b>Physician NPI</b>

M Chest Pharmacy is offering the following therapeutic interchange protocols. The interchanges are to medications that offer the same or similar effectiveness, safety, tolerability and in many cases a lower price to the payer.

Page	Original Medication Prescribed	Therapeutic Interchange	Agree to Interchange
3	Avodart®	Generic finasteride	<input type="checkbox"/>
4-5	Atacand®, Avapro®, Benicar®, Micardis®, Edarbi® or Diovan®	Generic losartan	<input type="checkbox"/>
4-5	Atacand HCT®, Avalide®, Benicar HCT®, Edarbyclor®, Micardis HCT® or Diovan HCT®	Generic losartan/HCTZ	<input type="checkbox"/>
6	Rapaflo® or Uroxatral®	Generic tamsulosin	<input type="checkbox"/>
7	ProAir HFA®, Proventil HFA® or Xopenex HFA®	Ventolin HFA®	<input type="checkbox"/>
8	Xopenex® Nebulization	Generic albuterol nebulization	<input type="checkbox"/>
9	Fortical®	Generic calcitonin Salmon	<input type="checkbox"/>
10	Coreg CR®	Generic carvedilol	<input type="checkbox"/>
11	Exelon® Capsules, Razadyne® or Razadyne SR®	Generic donepezil	<input type="checkbox"/>
12	Pristiq®	Desvenlafaxine	<input type="checkbox"/>
13	Cardizem LA® or Matzim LA®	Diltiazem CD	<input type="checkbox"/>
14	Fluoxetine Tablets	Fluoxetine Capsules	<input type="checkbox"/>
15	Crestor®, Livalo®, Vytorin®, Altoprev®, Lescol XL®	Generic atorvastatin	<input type="checkbox"/>
16	Betaseron®	Extavia®	<input type="checkbox"/>
17	Insulin	Vial to Pen (unit for unit)	<input type="checkbox"/>
18	Megace ES®	Generic megestrol acetate	<input type="checkbox"/>
19	Namenda XR®	Generic memantine	<input type="checkbox"/>
20	Nasacort AQ®, Nasonex®, Rhinocort Aqua®, Veramyst®, Omnaris®, Zetonna® or Patanase®	Generic fluticasone	<input type="checkbox"/>
21	Celebrex®	Generic meloxicam	<input type="checkbox"/>
22	Alphagan P® 0.1% and 0.15%	Generic brimonidine tartrate 0.2%	<input type="checkbox"/>
23	Prolensa® or Bromday® ophthalmic solution	Generic bromfenac ophthalmic solution	<input type="checkbox"/>
24	Boniva® or Binosto®	Generic alendronate	<input type="checkbox"/>
25	Renagel®	Renvela®	<input type="checkbox"/>
26	Lumigan®, Zioptan® or Rescula®	Generic latanoprost	<input type="checkbox"/>
27	Nexium®, esomeprazole, Dexilant®, Aciphex®, Omeprazole 40 mg	Generic pantoprazole 20 mg	<input type="checkbox"/>
28	Bactroban® cream and Nasal or Altabax® ointment	Generic mupirocin ointment	<input type="checkbox"/>
29	Oxybutynin IR, Vesicare®, Detrol®, Detrol LA®, Sanctura XR®, Toviaz®, Gelnique®, Enablex® or Oxytrol®	Generic oxybutynin ER	<input type="checkbox"/>

Please FAX pages 1 and 2 to M Chest Pharmacy





# Signature Page for M Chest Pharmacy Therapeutic Interchange Form

<b>Facility Name (Print)</b>	<b>Facility Address (Print)</b>
<b>Physician Name (Print)</b>	<b>Physician Signature</b>

Page	Original Medication Prescribed	Therapeutic Interchange	Agree to Interchange
30	Vancomycin Capsules (Vancocin®)	Vancomycin Oral Solution	<input type="checkbox"/>
31	Generic venlafaxine ER tablets	Generic venlafaxine XR capsules	<input type="checkbox"/>

By signing below, I am notifying M Chest Pharmacy that I am adopting the protocols checked “Yes” above as my own. I acknowledge that there will be an automatic substitution for all skilled residents. I may override this authorization by indicating “**Do Not Interchange**” on the prescription order for any patient. Additionally, I may discontinue the use of one or more Protocols at any time by sending a written request to such effect to the Facility and M Chest Pharmacy.

Administrator’s Name (Print)	Administrator’s Signature	Date
Physician’s Name (Print)	Physician’s Signature	Date

**Please FAX Pages 1 and 2 to M Chest Pharmacy**





**I. 5-alpha Reductase Inhibitor**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Avodart® (dutasteride) 0.5mg/day		Generic finasteride 5mg/day

**Communication to Prescribers**

Generic finasteride is being recommended over Avodart® (dutasteride) because it is comparably effective and safe and is generally priced lower.

**References**

1. American Urological Association, Inc. The management of benign prostatic hyperplasia. Baltimore (MD): American Urological Association, Inc.; 2003, available at : [http://www.guideline.gov/summary/summary.aspx?doc\\_id=3740&nbr=002966&string=bph](http://www.guideline.gov/summary/summary.aspx?doc_id=3740&nbr=002966&string=bph)
2. Lepor H, Williford WO, Barry MJ, et al. The efficacy of terazosin, finasteride, or both in benign prostatic hyperplasia. NEJM 1996;335:533-9.
3. Kirby RS, Roehrborn, C, Boyle P, et al. Efficacy and tolerability of doxazosin and finasteride alone or in combination, in treatment of symptomatic benign prostatic hyperplasia: the Prospective European Doxazosin and Combination Therapy (PREDICT) trial. Urology 2003;61:119-26.

## II. Angiotensin Receptor Blocker

Change This Product and Dose	TO	This Product and Dose
Candesartan (Atacand®) 4 mg		Generic losartan 25mg
Candesartan (Atacand®) 8 mg		Generic losartan 50 mg
Candesartan (Atacand®) 16 mg		Generic losartan 100 mg
Irbesartan (Avapro®) 75 mg		Generic losartan 25 mg
Irbesartan (Avapro®) 150 mg		Generic losartan 50 mg
Irbesartan (Avapro®) 300 mg		Generic losartan 100 mg
Telmisartan (Micardis®) 20 mg		Generic losartan 25 mg
Telmisartan (Micardis®) 40 mg		Generic losartan 50 mg
Telmisartan (Micardis®) 80 mg		Generic losartan 100 mg
Olmesartan (Benicar®) 5 mg		Generic losartan 25 mg
Olmesartan (Benicar®) 20 mg		Generic losartan 50 mg
Olmesartan (Benicar®) 40 mg		Generic losartan 100 mg
Azilsartan (Edarbi®) 40 mg		Generic losartan 50 mg
Azilsartan (Edarbi®) 80 mg		Generic losartan 100 mg
Valsartan (Diovan®) 40 mg		Generic losartan 25 mg
Valsartan (Diovan®) 80 mg		Generic losartan 50 mg
Valsartan (Diovan®) 160 mg		Generic losartan 100 mg
Candesartan/HCTZ (Atacand HCT®) 16/12.5 mg		Generic losartan 100/12.5 mg
Irbesartan/HCTZ (Avalide®) 150/12.5 mg		Generic losartan/HCTZ 50/12.5 mg
Irbsartan/HCTZ (Avalide®)300/12.5 mg		Generic losartan/HCTZ 100/12.5 MG
Telmisartan/HCTZ (Micardis HCT®) 40/12.5 mg		Generic losartan/HCTZ 50/12.5 mg
Telmisartan/HCTZ (Micardis HCT®) 80/12.5 mg		Generic losartan/HCTZ 100/12.5 mg
Telmisartan/HCTZ (Micardis HCT®) 80/25 mg		Generic losartan/HCTZ 100/25 mg
Olmesartan/HCTZ (Benicar HCT®) 20/12.5 mg		Generic losartan/HCTZ 50/12.5 mg
Olmesartan/HCTZ (Benicar HCT®) 40/12.5 mg		Generic losartan/HCTZ 100/12.5 mg
Olmesartan/HCTZ (Benicar HCT®) 40/25 mg		Generic losartan/HCTZ 100/25 mg
Azilsartan/chlorthalidone (Edarbyclor®) 40/12.5 mg		Generic losartan/HCTZ 50/12.5 mg
Valsartan/HCTZ (Diovan HCT®) 80/12.5 mg		Generic losartan/HCTZ 50/12.5 mg
Valsartan/HCTZ (Diovan HCT®) 160/12.5 mg		Generic losartan/HCTZ 100/12.5 mg
Valsartan/HCTZ (Diovan HCT®) 160/25 mg		Generic losartan/HCTZ 100/25 mg



## Communication to Prescribers

### Losartan

Generic losartan exhibits comparable effectiveness and safety and is generally priced lower.

Losartan is indicated for treatment of hypertension and prevention of diabetic nephropathy on its FDA-approved label and its use in heart failure is supported in one or more of the official drug compendia.

### Losartan/HCTZ

Generic losartan/HCTZ exhibits comparable effectiveness and safety and is generally priced lower. Losartan/HCTZ is indicated for treatment of hypertension and prevention of diabetic nephropathy on its FDA-approved label, and its use in heart failure is supported in one or more of the official drug compendia.

Following interchange of angiotensin receptor blockers, with or without HCTZ, blood pressure should be monitored at least once every 8 hours for 72 hours and then weekly thereafter. Serum potassium, serum creatinine, and blood urea nitrogen should be checked periodically after initiating or modifying therapy.

### References

1. DRUGDEX® System. N.d. Thomson Reuters (Healthcare) Inc. 24 Jan. 2006 <http://www.thomsonhc.com.proxy.lib.ohio-state.edu>.
2. AHFS drug information 2010 [monograph on the Internet]. Bethesda (MD): American Society of Health-System Pharmacists; 2010 [cited 2010 May 25]. Available from: <http://online.statref.com>.
3. Yancy, C.W.; Jessup, M.; Bozkurt, B.; et al. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *J. Am. Coll. Cardiol.* 62: e147-239; 2013.
4. Lindenfeld, J.; Albert, N.M.; Boehmer, J.P.; et al. Executive summary: HFSA 2010 Comprehensive Heart Failure Practice Guideline. *J. Card. Fail.* 16:475-539; 2010.



### III. Benign Prostatic Hyperplasia

Change This Product and Dose	TO	This Product and Dose
Silodosin (Rapaflo®) 4-8 mg daily		Generic tamsulosin 0.4 mg daily
Alfuzosin (Uroxatral®) 10 mg daily		Generic tamsulosin 0.4 mg daily

\*Careful consideration to potential BP response should be taken into consideration prior to recommending a dose higher than the initial 0.4 mg of generic tamsulosin. If patient does not respond to 0.4 mg dose after 2 to 4 weeks of therapy, the dose can be increased to 0.8 mg once daily given 30 minutes after the same meal each day.

#### Communication to Prescribers

##### From alfuzosin (Uroxatral®) and silodosin (Rapaflo®)

Tamsulosin is being recommended over branded  $\alpha$ -blockers and generic alfuzosin for BPH because while the agents display comparable effectiveness and safety tamsulosin is generally priced lower than generic alfuzosin, alfuzosin (Uroxatral®) and silodosin (Rapaflo®).

#### References

1. Chen BH. Hypertension and alpha-adrenergic blockers: preliminary ALLHAT results. CMAJ 2000;163:437.
2. Messerli FH. Implications of discontinuation of doxazosin arm of ALLHAT. Antihypertensive and lipid-lowering treatment to prevent heart attack trial. Lancet 2000;355:863-4.



#### IV. Beta Agonist Inhaler

Change This Product and Dose	TO	This Product and Dose
Albuterol HFA (ProAir HFA®) 90 mcg inhaler (200 inhalations)		Albuterol HFA (Ventolin HFA®) 90 mcg inhaler (200 inhalations)
Albuterol HFA (Proventil HFA®) 90 mcg inhaler (200 inhalations)		Albuterol HFA (Ventolin HFA®) 90 mcg inhaler (200 inhalations)
Levalbuterol HFA (Xopenex HFA®) 45 mcg inhaler (200 inhalations)		Albuterol HFA (Ventolin HFA®) 90 mcg inhaler (200 inhalations)

#### Communication to Prescribers

There are three albuterol HFA products on the market, which display comparable effectiveness and safety. Albuterol HFA (Ventolin HFA®) is being recommended as it is generally priced lower than albuterol HFA (Proventil HFA® and ProAir HFA

The rationale for the therapeutic interchange of levalbuterol (Xopenex®) to albuterol is that in patients with COPD, the agents display comparable effectiveness and safety at pharmacologically-equivalent doses and albuterol is generally priced lower than levalbuterol (Xopenex®).

#### References

1. Penn RB, Frielle T, McCullough JR et al. Comparison of R- S- and RS-albuterol interaction with human  $\beta$ 1 and  $\beta$ 2 adrenergic receptors. Clin Rev Allergy Immunol 1996;14:37-45.
2. Nelson HS, Bensch G, Pleskow WW, et al. Improved bronchodilation with levalbuterol compared with racemic albuterol in patients with asthma. J Allergy Clin Immunol 1998;102:943-52.
3. Handley DA, Tinkelman D, Noonan M, et al. Dose-response evaluation of levalbuterol vs. racemic albuterol in patients with asthma. J Asthma 2000;37:319-27.
4. Datta D, Vitale A, Lahiri B, Zu Wallack R. An evaluation of nebulized levalbuterol in stable COPD. Chest 2003;124;844-9.
5. Drug Treatments for Asthma and Chronic Obstructive Pulmonary disease that Do Not Use Chlorofluorocarbons. U.S. Food and Drug Administration, Center for Drug Evaluation and Research, March 31, 2005, available at: <http://www.fda.gov/cder/mdi/drugs.htm>



**V. Short-Acting Beta Agonist Nebulization**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Levalbuterol (Xopenex®) nebulization (0.31 mg/3 mL)		Albuterol nebulization (2.5 mg/3 mL)
Levalbuterol (Xopenex®) nebulization (0.63 mg/3 mL)		Albuterol nebulization (2.5 mg/3 mL)
Levalbuterol (Xopenex®) nebulization (1.25 mg/3 mL)		Albuterol nebulization (2.5 mg/3 mL)

**Communication to Prescribers**

The rationale for the therapeutic interchange of generic levalbuterol and levalbuterol (Xopenex®) to albuterol is that in patients with COPD, the agents display comparable effectiveness and safety at pharmacologically-equivalent doses and albuterol is generally priced lower than generic levalbuterol and levalbuterol (Xopenex®).

The final choice of nebulized beta agonist therapy for treatment of chronic obstructive pulmonary disease is a decision that should be made by the prescriber based on the individual patient characteristics and clinical situation.

**References**

1. Penn RB, Frielle T, McCullough JR et al. Comparison of R- S- and RS-albuterol interaction with human  $\beta_1$  and  $\beta_2$  adrenergic receptors. Clin Rev Allergy Immunol 1996;14:37-45.
2. Nelson HS, Bensch G, Pleskow WW, et al. Improved bronchodilation with levalbuterol compared with racemic albuterol in patients with asthma. J Allergy Clin Immunol 1998;102:943-52.
3. Handley DA, Tinkelman D, Noonan M, et al. Dose-response evaluation of levalbuterol vs. racemic albuterol in patients with asthma. J Asthma 2000;37:319-27.
4. Datta D, Vitale A, Lahiri B, Zu Wallack R. An evaluation of nebulized levalbuterol in stable COPD. Chest 2003;124;844-9.
5. Drug Treatments for Asthma and Chronic Obstructive Pulmonary disease that Do Not Use Chlorofluorocarbons. U.S. Food and Drug Administration, Center for Drug Evaluation and Research, March 31, 2005, available at: <http://www.fda.gov/cder/mdi/drugs.htm>



**VI. Calcitonin Salmon**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Calcitonin Salmon (Fortical®) 200 units		Calcitonin Salmon 200 units

**Communication to Prescribers**

Generic calcitonin salmon is being recommended over Fortical® on the basis of comparable effectiveness and safety at a generally lower price to the payer.

**References**

1. Orange Book: approved drug products with therapeutic equivalence evaluations. Available at: <http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm> (2015). Accessed 18 September 2015.
2. Lee SI, Yu LX, Cai Bing, et al. Scientific considerations for generic synthetic salmon calcitonin nasal spray products. AAPS J. 2011 Mar; 13(1): 14-19. Published online 2010 October 30. doi: 10.1208/S12248-010-9242-9.
3. Karsdal MA, Byrjalsen L, Henriksen K, Riis BJ, Christiansen C. A pharmacokinetic and pharmacodynamics comparison of synthetic and recombinant oral salmon calcitonin. J Clin Pharmacol. 2009 Feb; 49(2): 229-34. doi: 10.1177/0091270008329552.



**VII. Carvedilol**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Carvedilol CR (Coreg CR®) 10 mg once daily		Generic carvedilol 3.125 mg twice daily
Carvedilol CR (Coreg CR®) 20 mg once daily		Generic carvedilol 6.25 mg twice daily
Carvedilol CR (Coreg CR®) 40 mg once daily		Generic carvedilol 12.5 mg twice daily
Carvedilol CR (Coreg CR®) 80 mg once daily		Generic carvedilol 25 mg twice daily

**Communication to Prescribers**

Prescribers will be notified that generic carvedilol is being recommended over carvedilol CR (Coreg CR®) on the basis of comparable effectiveness and safety at a generally lower price to the payer.

**References**

1. Clinical Pharmacology, Elsevier/Gold Standard, Copyright 2013, available at: <http://clinicalpharmacology-ip.com> accessed 3-12-2013.
2. Heart Failure Society of America. Executive Summary: HFSA 2010 Comprehensive Heart Failure Practice Guidelines. J Cardiac Fail 2010;16:475.
3. Udelson JE et al. Adherence with once daily versus twice daily carvedilol in patients with heart failure: the compliance and quality of life study comparing once-daily controlled-release carvedilol CR and twice-daily immediate-release carvedilol IR in patients with heart failure (CASPER) trial. J Cardiac Fail 2009;15:385-93.



**VIII. Cholinesterase Inhibitor**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Rivastigmine (Exelon®) Capsules 1.5 mg twice daily		Generic donepezil 5 mg once daily
Rivastigmine (Exelon®) Capsules 3 mg twice daily		Generic donepezil 5 mg once daily
Rivastigmine (Exelon®) Capsules 4.5 mg twice daily		Generic donepezil 5 mg once daily
Rivastigmine (Exelon®) Capsules 6 mg twice daily		Generic donepezil 5 mg once daily

\*When the existing supply of Exelon® capsules is exhausted, generic donepezil therapy can be initiated at 5 mg daily for 4 weeks and then increased to 10 mg daily.

**Communication to Prescribers**

Donepezil demonstrates a lower incidence of nausea, vomiting, diarrhea, and anorexia compared to Exelon® capsules. The price to the payer for donepezil may be the same or lower.

**References**

1. Hansen RA, Gartlehner G, Kaufer DJ, Lohr KN and Carey T. Drug class review on Alzheimer’s drugs. Final Report. 2006. <http://www.ohsu.edu/drugeffectiveness/reports/final.cfm> (accessed on June 2, 2007).



**IX. Desvenlafaxine**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Desvenlafaxine Succinate (Pristiq®) 50 mg		Generic desvenlafaxine 50 mg
Desvenlafaxine Succinate (Pristiq®) 100 mg		Generic desvenlafaxine 100 mg

**Communication to Prescribers**

Desvenlafaxine is being recommended over desvenlafaxine succinate (Pristiq®) on the basis of comparable effectiveness and safety at a generally lower price to the payer. Desvenlafaxine is a non-AB rated generic version of Pristiq® and thus requires prescriber authorization.

The final choice of a desvenlafaxine product is a decision that should be made by the prescriber based on the individual patient characteristics and clinical situation.

**References**

1. Product Information: PRISTIQ® desvenlafaxine extended-release tablets). Wyeth Pharmaceuticals, Inc.; Philadelphia, PA; December 2012.
2. Feiger AD, Tourian KA, Rosas GR, et al., A placebo-controlled study evaluating the efficacy and safety of flexible dose desvenlafaxine treatment in outpatients with major depressive disorder. CNS Spectr 2009;14:41-50.
3. Pae CU, Park MH, Marks DM, et al. Desvenlafaxine, a serotonin-norepinephrine uptake inhibitor for major depressive disorder, neuropathic pain, and the vasomotor symptoms associated with menopause. Cur Opin Investig Drug 2009;10:75-90.
4. Desvenlafaxine Base Product Overview, Ranbaxy Pharmaceuticals Inc., Jacksonville, FL 32257
5. Clinical Pharmacology, Elsevier/Gold Standard, Copyright 2013, available at: <http://clinicalpharmacology-ip.com> accessed 3-12-2013.
6. Desvenlafaxine extended-release tablets, for oral use. Product Information. Ranbaxy Pharmaceuticals Inc., Jacksonville, FL, March 2013



**X. Generic Diltiazem CD**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Diltiazem LA (Cardizem LA®) 120 mg		Generic Diltiazem CD 120 mg
Diltiazem LA (Cardizem LA®) 180 mg		Generic Diltiazem CD 180 mg
Diltiazem LA (Cardizem LA®) 240 mg		Generic Diltiazem CD 240 mg
Diltiazem LA (Cardizem LA®) 300 mg		Generic Diltiazem CD 300 mg
Diltiazem LA (Matzim LA®) 180 mg		Generic Diltiazem CD 180 mg
Diltiazem LA (Matzim LA®) 240 mg		Generic Diltiazem CD 240 mg
Diltiazem LA (Matzim LA®) 300 mg		Generic Diltiazem CD 300 mg

**Communication to Prescribers**

Generic diltiazem CD is comparably safe and effective and generally priced lower than diltiazem LA (Cardizem LA®, Matzim LA®).

**References**

1. Diltiazem CD Product Information.
2. Diltiazem LA Product Information



**XI. Fluoxetine Capsule**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Fluoxetine Tablets (ALL strengths)		Fluoxetine Capsules on a mg for mg basis

**Communication to Prescribers**

The rationale for the interchange of fluoxetine tablets to fluoxetine capsules is that fluoxetine capsules are comparably effective and safe at a generally lower price to the payer.

**References**

1. Fluoxetine, Clinical Pharmacology®, Elsevier/Gold Standard, 2015 available at: <http://www.clinicalpharmacology-ip.com/default.aspx>
2. American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc 2012;60:616-31.



**XII. HMG CO-A Reductase Inhibitor**

Change This Product and Dose	TO	This Product and Dose
Rosuvastatin (Crestor®) 5 mg/day		Generic atorvastatin 10 mg/day
Rosuvastatin (Crestor®) 10 mg/day		Generic atorvastatin 20 mg/day
Rosuvastatin (Crestor®) 20 mg/day		Generic atorvastatin 40 mg/day
Rosuvastatin (Crestor®) 40 mg/day		Generic atorvastatin 80 mg/day
Pitavastatin (Livalo®) 1 mg/day		Generic atorvastatin 10 mg/day
Pitavastatin (Livalo®) 2 mg/day		Generic atorvastatin 10 mg/day
Pitavastatin (Livalo®) 4 mg/day		Generic atorvastatin 20 mg/day
Lovastatin ER (Altoprev®) 20 mg/day		Generic atorvastatin 10 mg/day
Lovastatin ER (Altoprev®) 40 mg/day		Generic atorvastatin 10 mg/day
Lovastatin ER (Altoprev®) 60 mg/day		Generic atorvastatin 20 mg/day
Ezetimibe/Simvastatin (Vytorin®) 10/10 mg		Generic atorvastatin 20 mg/day
Ezetimibe/Simvastatin (Vytorin®) 10/20 mg		Generic atorvastatin 40 mg/day
Ezetimibe/Simvastatin (Vytorin®) 10/40 mg		Generic atorvastatin 80 mg/day
Ezetimibe/Simvastatin (Vytorin®) 10/80 mg		Generic atorvastatin 80 mg/day
Fluvastatin XL (Lescol XL®)		Generic atorvastatin 10 mg/day

**Communication to Prescribers**

**Rosuvastatin (Crestor®), Pitavastatin (Livalo®), Lovastatin ER (Altoprev®) and Fluvastatin XL (Lescol XL®) to Generic Atorvastatin**

Generic atorvastatin is being recommended over rosuvastatin (Crestor®), pitavastatin (Livalo®), lovastatin ER (Altoprev®) and fluvastatin XL (Lescol XL®) on the basis of comparable efficacy and safety at a generally lower price to the payer.

**Ezetimibe/Simvastatin (Vytorin®) to Generic Atorvastatin**

Generic atorvastatin is comparably effective and has a clinically superior safety profile compared to ezetimibe/simvastatin (Vytorin®).

**References**

- SEARCH Collaborative Group, Armitage J, Bowman L, Wallendszus K et al. Intensive lowering of LDL cholesterol with 80 mg versus 20 mg simvastatin daily in 12,064 survivors of myocardial infarction: a double-blind randomized trial. *Lancet* 2010;376(9753):1658-69.
- Zocor (simvastatin): Label Change - New Restrictions, Contraindications, and Dose Limitations Simvastatin sold under the brand-name Zocor, as a single-ingredient generic product, and sold in combination with ezetimibe as Vytorin and in combination with niacin as Simcor U.S. Food and Drug Administration, Department of Health and Human Services, June 8, 2011 available at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm258384.htm>
- Vytorin (simvastatin/ezetimibe) Tablets. Product Information. Merck & Co., Inc. Whitehouse Station NJ 08889. 12/2011.
- Clinical Pharmacology, Elsevier/Gold Standard, Copyright 2011, accessed 10-26-2011.
- Kastelein JJP, Akdim F, Stoes ESG, et al. Simvastatin with or without ezetimibe in familial hypercholesterolemia. *NEJM* 2008;358:1431-43.



### XIII. Interferon Beta Products

Change This Product and Dose	TO	This Product and Dose
Interferon beta-1b (Betaseron®) 0.3 mg kit (250 mcg)		Interferon beta-1b (Extavia®) 0.3 mg kit (250 mcg)

#### Communication to Prescribers

Interferon beta-1b (Extavia®) is recommended over interferon beta-1b (Betaseron®) because Extavia® contains the same medicinal product and is generally priced lower.

#### References

1. Goodin DS, Frohman EM, Garmany GP, et al. Disease modifying therapies in multiple sclerosis: subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. *Neurology* 2002;58:169-78.
2. McDonagh M, Dana T, Chan BKS, et al. Drug Class Review on Disease modifying drugs for Multiple Sclerosis, Oregon Health & Science University, 2007, available at: [http://derp.ohsu.edu/final/MS%20Drugs\\_Final\\_Report\\_original.pdf](http://derp.ohsu.edu/final/MS%20Drugs_Final_Report_original.pdf)



**XIV. Insulin**

Change This Product and Dose	TO	This Product and Dose
Humalog® 100 units/mL		Humalog® KwikPen® 100 units/mL
Humalog Mix 50/50® 100 units/mL		Humalog Mix 50/50® KwikPen® 100 units/mL
Humulin 70/30® 100 units/mL		Humulin 70/30® KwikPen® 100 units/mL
Humulin N® 100 units/mL		Humulin N KwikPen® 100 units/mL
Lantus® 100 units/mL		Lantus SoloStar® 100 units/mL
Levemir® 100 units/mL		Levemir® FlexTouch® 100 units/mL
Novolog® 100 units/mL		Novolog® Flexpen® 100 units/mL
Novolog Mix 70/30® 100 units/mL		Novolog Mix 70/30® FlexPen® 100 units/mL

**Communication to Prescribers**

The rationale for the interchange of insulin vials to insulin pen devices is the pen devices are effective and safe at a generally lower price to the payer.



**XV. Megestrol Acetate Suspension**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Megestrol acetate extra strength (Megace ES®) 625 mg/5 mL		Generic megestrol acetate 800 mg/20 mL with food

**Communication to Prescribers**

Prescribers will be notified that generic megestrol acetate is being recommended over Megace ES® on the basis of comparable effectiveness and safety at a generally lower price to the payer.

**References**

1. Pascual L, et al. Systematic review of megestrol acetate in the treatment of anorexia-cachexia syndrome. *J Pain Symp Manage* 2004;27:360-9.
2. Fox CG, et al. Megestrol acetate and mirtazapine for the treatment of unplanned weight loss in the elderly. *Pharmather* 2009;29:383-97.
3. Simmons SF, et al. The effect of megestrol acetate on oral food and fluid intake in nursing home residents. *J Am Med Dir Assoc* 2004;5:24-30.



**XVI. N-Methyl-D-Aspartate Receptor Antagonist**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Namenda XR® 14 mg once daily		Generic memantine 5 mg twice daily
Namenda XR® 28 mg once daily		Generic memantine 10 mg twice daily

**Communication to Prescribers**

The rationale for the interchange of Namenda XR® to generic memantine is that memantine tablets are comparably effective and safe at a generally lower price to the payer.

**References**

1. Kurz A, Grimmer T. Efficacy of memantine hydrochloride once-daily in Alzheimer’s disease. *Expert Opin Pharmacother*. 2014 Sep; 15(13): 1955-60. doi: 10.1517/14656566.2014.945907. Epub 2014 Aug 1.



**XVII. Nasal Corticosteroid Interchange**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Mometasone furoate (Nasonex®) 50 mcg		Generic fluticasone propionate 50 mcg
Budesonide (Rhinocort Aqua®) 32 mcg		Generic fluticasone propionate 50 mcg
Triamcinolone acetate (Nasacort AQ®) 55 mcg		Generic fluticasone propionate 50 mcg
Fluticasone furoate (Veramyst®) 27.5 mcg		Generic fluticasone propionate 50 mcg
Ciclesonide (Omnaris®) 50 mcg		Generic fluticasone propionate 50 mcg
Ciclesonide (Zetonna®) 37 mcg		Generic fluticasone propionate 50 mcg
Olopatadine (Patanase®) 665 mcg		Generic fluticasone propionate 50 mcg

**Communication to Prescribers**

Generic fluticasone nasal corticosteroid is comparably safe and effective and generally priced lower than nasal corticosteroids and olopatadine (Patanase®) for allergic rhinitis.

**References**

1. Trangsrud AJ, Whitaker AL, Small RE. Intranasal corticosteroids for allergic rhinitis. *Pharmacotherapy*. 2002 Nov; 22(11): 1458-67.
2. Nielson LP, Dahl R. Comparison of intranasal corticosteroids and antihistamines in allergic rhinitis: a review of randomized controlled trials. *Am J Respir Med*. 2003; 2(1):55-65.
3. Yawn B. Comparison of once-daily intranasal corticosteroids for the treatment of allergic rhinitis: are they all the same? *Med Gen Med*. 2006 Jan 25; 8(1):23.



**XVIII. Nonsteroidal/COX-2 Anti-inflammatory Agents**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Celecoxib (Celebrex®) 100 mg twice daily		Generic meloxicam 7.5 mg once daily
Celecoxib (Celebrex®) 200 mg once daily		Generic meloxicam 7.5 mg once daily
Celecoxib (Celebrex®) 200 mg twice daily		Generic meloxicam 15 mg once daily

**Communication to Prescribers**

All nonsteroidal anti-inflammatory drugs have comparable effectiveness and safety profiles in reducing pain and inflammation. As a generic product, generic meloxicam is generally priced lower than Celebrex® to the payer of the pharmacy bill.

**References**

1. Shi W, Wang YM, Li LS, Chen NN, Chen BY. Safety and efficacy of oral non-steroidal anti-inflammatory drugs in patients with rheumatoid arthritis: a six month randomized study. Clin Drug Investig. 2004;24(2):89-101.
2. Dean L. Comparing NSAIDs. PubMed Clinical Q&A. May 1, 2011.



**XIX. Ophthalmic Alpha Agonist**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Brimonidine (Alphagan P®) 0.1%, 0.15% 5 mL bottle		Generic brimonidine tartrate 0.2% 5 mL bottle
Brimonidine (Alphagan P®) 0.1%, 0.15% 10 mL bottle		Generic brimonidine tartrate 0.2% 10 mL bottle
Brimonidine (Alphagan P®) 0.1%, 0.15% 15 mL bottle		Generic brimonidine tartrate 0.2% 15 mL bottle

**Communication to Prescribers**

Generic brimonidine ophthalmic is being recommended over Alphagan P® 0.1% and 0.15% as it is comparably safe and effective and is generally priced lower than Alphagan P® 0.1% and 0.15%.

Generic brimonidine tartrate is a non-AB rated generic product compared to Alphagan P® 0.1% and 0.15%.

**References**

1. Alphagan P Prescribing Information, Allergan, Inc.
2. Katz LJ. Twelve-month evaluation of brimonidine-PURITE versus brimonidine in patients with glaucoma or ocular hypertension. J Glaucoma 2002;11:119-26.
3. Food and Drug Administration. Docket No. 02P-0469/CP1. May 21, 2003.



**XX. Ophthalmic Anti-inflammatory Solution**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Bromfenac (Prolensa®) 0.07%		Generic bromfenac 0.09%
Bromfenac (Bromday®) 0.09%		Generic bromfenac 0.09%

**Communication to Prescribers**

Generic bromfenac 0.09% eye drops are comparably safe and effective but at a generally lower price to the payer than bromfenac (Prolensa®) 0.07% or bromfenac (Bromday®) 0.09% eye drops. Generic bromfenac 0.09% eye drops are recommended for twice daily administration whereas bromfenac (Prolensa®) 0.07% and bromfenac (Bromday®) 0.09% eye drops are recommended for once daily administration.

**References**

1. Xibrom™ - bromfenac sodium solution, Product Information. Ista Pharmaceuticals, Inc., Irvine CA 92618. November 2008.
2. Bromfenac Ophthalmic Solution. Product Information. Mylan Pharmaceuticals Inc. Morgantown, WV 26505. May 2011.
3. Bromday™ (bromfenac ophthalmic solution) 0.09%. Product Information. Ista Pharmaceuticals, Inc., Irvine, CA 92618. September 2010.
4. Bromday™ Comparison to Xibrom™. Ista Pharmaceuticals, Inc., Medical Affairs.
5. Donnenfeld E. et al. Bromfenac ophthalmic solution 0.09% (Xibrom) for postoperative ocular pain and inflammation. *Ophthalmol* 2007;114(9):1653-62.



**XXI. Osteoporosis**

Change This Product and Dose	TO	This Product and Dose
Ibandronate (Boniva®) 150 mg once every 30 days		Generic Alendronate 70 mg once weekly
Alendronate (Binosto®) 70 mg Effervescent Tablet		Generic Alendronate 70 mg once weekly

**Communication to Prescribers**

Generic alendronate is being recommended over ibandronate (Boniva®) because generic alendronate is comparably safe and has demonstrated superior clinical effectiveness in that it reduces both vertebral and non-vertebral fracture, generally at a lower price to the payer.

Generic alendronate is being recommended over Binosto® because generic alendronate is comparably safe and effective at a generally lower price to the payer.

**References**

1. Bone HG, Hosking D, Devogelaer, JP, et al. Ten years' experience with alendronate for osteoporosis in postmenopausal women. *NEJM* 2004;350:1189-99.
2. Black DM, Schwartz AV, Ensrud KE, et al. Effects of continuing or stopping alendronate after 5 years of treatment: the Fracture Intervention Trial Long-term Extension (FLEX); a randomized trial. *JAMA* 2006;296:2827-39.
3. Liberman US, Weiss Sr, Broll J, et al. Effect of oral alendronate on bone mineral density and the incidence of fractures in postmenopausal osteoporosis. The Alendronate Phase III Osteoporosis Treatment Study Group. *NEJM* 1995;333:1437-43.
4. Karpf DB, Shapiro DR, Seeman E, et al. Prevention of nonvertebral fractures by alendronate. A meta-analysis. Alendronate Osteoporosis Treatment Study Groups. *JAMA* 1997;277:1159-64.
5. Greenspan SL, Schneider DL, McClung MR, et al. Alendronate improves bone mineral density in elderly women with osteoporosis residing in long term care facilities. A randomized, double-blind, placebo-controlled trial. *Ann Intern Med* 2002;136:842-6.
6. Orwoll E, Ettinger M, Weiss S, et al. Alendronate for the treatment of osteoporosis in men. *NEJM* 2000;343:604-10.
7. Silverman SL, Watts NG, Delmas PD, et al. Effectiveness of bisphosphonates on nonvertebral and hip fractures in the first year of therapy: the risedronate and alendronate (REAL) cohort study. *Osteoporos Int* 2007;18:25-34.
8. Product Information: Boniva® (ibandronate sodium), Hoffman LaRoche Inc.; Nutley, NJ, 2006.
9. Chestnut IC, Skag A, Christiansen C, et al. Effects of oral ibandronate administered once daily or intermittently on fracture risk in postmenopausal osteoporosis *J Bone Miner Res* 2004;19:1241-9.
10. Miller PD, McClung MR, Macovei L, et al. Monthly oral ibandronate in post-menopausal osteoporosis: 1-year results from the MOBILE study. *J Bone Miner Res* 2005;20:1315-22.
11. Reginster JY, Adami S, Lakatos P, et al. Efficacy and tolerability of once-monthly oral ibandronate in postmenopausal osteoporosis: 2 year results from the MOBILE study. *Ann Rheum Dis* 2006;65:654-61.



**XXII. Phosphate Binder**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Sevelamer (Renagel®) 400 mg 2 tablets three times/day with meals		Sevelamer (Renvela®) 800 1 tablet three times/day with meals
Sevelamer (Renagel®) 800 mg 2 tablets three times/day with meals		Sevelamer (Renvela®) 800 mg 2 tablets three times/day with meals

**Communication to Prescribers**

The rationale for the therapeutic interchange of Renagel® to Renvela® is that while the agents display comparable effectiveness and safety, Renvela® is priced lower to the payer and is better tolerated. Renagel® can be interchanged to Renvela® on a mg per mg basis as the two products are equivalent.

**References**

1. Pai AB, Shepler BM. Comparison of sevelamer hydrochloride and sevelamer carbonate: risk of metabolic acidosis and clinical implications. *Pharmacotherapy*. 2009 May; 29(5):554-61. doi: 10.1592/phco.29.5.554.
2. Spaia S. Phosphate binders: Sevelamer in the prevention and treatment of hyperphosphataemia in chronic renal failure. *Hippokratia*. 2011 Jan;15(Suppl1):22-26.



**XXIII. Prostaglandin Analogue**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Bimatoprost (Lumigan®) any dose		Latanoprost 1 drop in each eye once daily
Tafluprost (Zioptan®) any dose		Latanoprost 1 drop in each eye once daily
Rescula® (Unoprostone) 1 drop in each eye twice daily		Latanoprost 1 drop in each eye once daily

**Communication to Prescribers**

Generic latanoprost is being recommended over Lumigan®, Zioptan®, and Rescula® because it is comparably safe and effective and is generally priced lower than Lumigan®, Zioptan®, and Rescula®.

**References**

1. Parrish RK, Palmbert P, Sheu WP, et al. A comparison of lantanoprost, bimatoprost, and travoprost in patients with elevated intraocular pressure: a 12-week, randomized, masked evaluator multicenter study. Am J Ophthalmol 2003;135:688-703.



**XXIV. Proton Pump Inhibitor (PPI)**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Lansoprazole (Prevacid®) 15 mg, 30 mg		Generic pantoprazole 20 mg
Rabeprazole (Aciphex®) 20 mg		Generic pantoprazole 20 mg
Esomeprazole (Nexium®) 20 mg, 40 mg		Generic pantoprazole 20 mg
Omeprazole (Prilosec®) 40 mg		Generic pantoprazole 20 mg
Dexlansoprazole (Dexilant®) 30 mg, 60 mg		Generic pantoprazole 20 mg
Pantoprazole (Protonix®) 20 mg, 40 mg		Generic pantoprazole 20 mg

**Communication to Prescribers**

Generic pantoprazole is being recommended over other prescription proton pump inhibitors as it is generally priced lower than other prescription proton pump inhibitors.

In addition to the potential lower price for the payer, the rationale for the interchange is due to the decreased degree of interaction with clopidogrel.

**References**

1. Angiolillo DJ, Gibson CM, Cheng S, et al. Differential effects of omeprazole and pantoprazole on the pharmacodynamics and pharmacokinetics of clopidogrel in healthy subjects: randomized, placebo-controlled, crossover comparison studies. *Clin Pharmacol Ther.* 2011 Jan;89(1):65-74. doi: 10.1038/clpt.2010.219. Epub 2010 Sep 15.



**XXV. Topical Antiseptic**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Mupirocin (Bactroban®) Cream 30 gm tube		Generic mupirocin Ointment 22 gm tube
Retapamulin (Altabax®) 1% ointment		Generic mupirocin Ointment 22 gm tube
Mupirocin Nasal (Bactroban Nasal®) 2% 1 gm tube		Generic mupirocin Ointment 22 gm tube

**Communication to Prescribers**

Generic mupirocin ointment is being recommended over Bactroban® cream (mupirocin cream) and Altabax® ointment (retapamulin) as it is comparably safe and effective and is generally priced lower than Bactroban® cream or Altabax® ointment. Generic mupirocin ointment is a non-AB rated generic product compared to Bactroban® cream, Bactroban Nasal® and Altabax® ointment.

**References**

1. Cederna JE, Terpenning MS, Ensberg M, et al. Staphylococcus aureus nasal colonization in a nursing home: eradication with mupirocin. Infect Control Hosp Epidemiol. 1990; 11(1)13-16.
2. Kauffman CA, Terpenning MS, He X, et al. Attempts to eradicate methicillin resistant Staphylococcus aureus from a long-term-care facility with the use of mupirocin ointment. Am J Med. 1993; 94(4)371-378.
3. Prescribing Information. Bactroban ointment.



**XXVI. Urinary Incontinence**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Generic immediate-release Oxybutynin 5 mg 1-3 times daily		Generic oxybutynin ER 5 mg daily
Generic immediate-release Oxybutynin 5 mg 4 times daily		Generic oxybutynin ER 10 mg daily
Trospium XR (Sanctura XR®) 60 mg daily		Generic oxybutynin ER 10 mg daily
Solifenacin (Vesicare®) 5 mg daily		Generic oxybutynin ER 5 mg daily
Solifenacin (Vesicare®) 10 mg daily		Generic oxybutynin ER 10 mg daily
Tolterodine (Detrol®) 1 mg twice daily		Generic oxybutynin ER 5 mg daily
Tolterodine (Detrol®) 2 mg twice daily		Generic oxybutynin ER 10 mg daily
Tolterodine LA (Detrol LA®) 2 mg daily		Generic oxybutynin ER 5 mg daily
Tolterodine LA (Detrol LA®) 4 mg daily		Generic oxybutynin ER 10 mg daily
Fesoterodine (Toviaz®) 4 mg daily		Generic oxybutynin ER 5 mg daily
Fesoterodine (Toviaz®) 8 mg daily		Generic oxybutynin ER 10 mg daily
Oxybutynin (Gelnique®) Gel 10%		Generic oxybutynin ER 5 mg daily
Oxybutynin (Oxytrol®) Patch 3.9 mg/24 hour		Generic oxybutynin ER 5 mg daily
Darifenacin (Enablex®) 7.5 mg daily		Generic oxybutynin ER 5 mg daily
Darifenacin (Enablex®) 15 mg daily		Generic oxybutynin ER 10 mg daily

**Communication to Prescribers**

Medications used to treat urinary incontinence or overactive bladder exhibit comparable effectiveness in controlled trials. Extended release formulations of oxybutynin produce less variance in the peak to trough plasma concentration ratio and result in less frequent and less severe anticholinergic side effects than immediate-release formulations. Generic oxybutynin ER has a favorable side effect profile whereas generic oxybutynin immediate-release (IR) is listed as a Beers drug and considered potentially harmful in older persons.

Generic oxybutynin ER carries a lower price than branded urinary incontinence medications to the payer of the pharmacy bill.

**References**

1. Fick D, et al. Updating the Beers criteria for potentially inappropriate medication use in older adults. Arch Intern Med 2003;163:2716-24.
2. Drug Class Review of Agents for Overactive Bladder, Final Report. Oregon Evidence-Based Practice Center, Oregon Health & Science University, December 2005:1-215, available at: <http://www.ohsu.edu/drugeffectiveness/reports/documents/OAB%20Final%20Report%20Update%203.pdf>



**XXVII. Oral Vancomycin**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Vancomycin Capsules (Vancocin®)		Vancomycin Solution

**Communication to Prescribers**

The rationale for the therapeutic interchange of vancomycin capsules (Vancocin®) to vancomycin oral solution is that vancomycin capsules (Vancocin®) and vancomycin oral solution are considered comparable. Vancomycin oral solution is generally priced significantly lower to the payer.

**References**

1. Vancomycin Product Information.



**XXVIII. Venlafaxine XR Capsule**

<b>Change This Product and Dose</b>	<b>TO</b>	<b>This Product and Dose</b>
Venlafaxine ER tablets		Venlafaxine XR Capsules on a mg for mg basis

**Communication to Prescribers**

The rationale for this program is that generic venlafaxine XR capsules are comparably effective and safe at a generally lower price to the payer.

**References**

1. Rush AJ, Trivedii MH, Wisniewski SR, et al. Bupropion-SR, sertraline, or venlafaxine-XR after failure of SSRIs for depression. NEJM 2006;354:1231-42.
2. Baca E, Roca M, Garcia-Calvo C, et al. Venlafaxine extended-release in patients older than 80 years with depressive syndrome. Int J Geriatr Psych 2006;21:337-43.
3. Venlafaxine. Clinical Pharmacology, Gold Standard-Elsevier, available at: <http://www.clinicalpharmacology.com>.