

OMNICARE PHYSICIAN AUTHORIZATION LETTER TEMPLATE

Dear Physician:

By checking the options below and signing this document you will authorize Omnicare pharmacists to modify existing orders and dispense the following alternative medications based on interchange protocols. This process promotes medication management which is therapeutically beneficial or equal and forwards cost effectiveness to the payer whenever possible. It will also reduce the number of individual drug regimen review comments. Conversion protocols will be implemented as noted below.

YES NO

ACE INHIBITOR INTERCHANGE

(Interchange to occur at point of dispensing or via consultant based on availability of appropriate diagnosis)

- ◆ Zestril® will be dispensed in lieu of other ACE inhibitors

Monitoring will be initiated as follows:

- BP q shift x 72 hours then weekly.
- Serum potassium and creatinine/BUN should be checked periodically after initiating or modifying therapy and status will be monitored by consultant pharmacist.

**Capoten® (captopril) will not be interchanged when unaccompanied by a diagnosis or with a documented diagnosis of diabetic nephropathy.*

ADALAT CC INTERCHANGE

(Interchange to occur via consultant based on medical record review if order is unaccompanied by a diagnosis)

- ◆ Adalat CC® will be dispensed in lieu of an equivalent dose of Procardia XL® for a diagnosis of hypertension only.

ATYPICAL ANTIPSYCHOTIC INTERCHANGE

(If interchange occurs prospectively, antipsychotic interchange may be done *only* for new orders on existing residents defined as those in the facility for five days or longer. If retrospective, the consultant pharmacist may use their clinical judgment based upon the availability of resident specific data.)

Risperdal® (risperidone) will be dispensed in lieu of Zyprexa® and Seroquel® for a diagnosis of Dementia (Alzheimer's /OMS) only, with a starting dose of Risperdal® 0.5mg QD.

COX-2 INHIBITOR INTERCHANGE

(Interchange to occur at point of dispensing)

- ◆ Celebrex® (celecoxib) will be dispensed in lieu of an equivalent dose of Vioxx®

FLUOROQUINOLONE INTERCHANGE

(Interchange to occur at point of dispensing)

- ◆ Levaquin® (levofloxacin) will be dispensed in lieu of an equivalent dose of other fluoroquinolones. This interchange excludes Noroxin®. Trovan® may only be interchanged after diagnosis verification.

HMG CO-A REDUCTASE INHIBITOR INTERCHANGE

(Interchange to occur at point of dispensing)

- ◆ Lipitor® will be dispensed in lieu of Pravachol®, Zocor® and Mevacor®.
 - All doses (except Zocor® 40mg) will be converted to Lipitor® 10 mg daily.
 - Zocor® 40mg will be converted to Lipitor® 20 mg.
- Note: Mevacor® 10mg will be excluded from the interchange process due to lack of demonstrated cost savings associated with this conversion.)

H2 RECEPTOR ANTAGONIST INTERCHANGE

(Interchange to occur at point of dispensing)

- ◆ **Omnicare Select H2 Receptor Antagonist of Choice** will be dispensed in lieu of other solid and liquid H2 Receptor antagonists. (Note: Cimetidine will not be eligible to be selected as Omnicare's H2 of Choice due to it's inferior clinical ranking in Omnicare's Geriatric Pharmaceutical Care Guidelines.)

LEVOTHYROXINE INTERCHANGE

(Interchange to occur via consultant based on medical record review)

- ◆ **Levothyroxine of Choice** will be dispensed in lieu of Synthroid® on a mg per mg basis. Following a change from one manufacturer to another, consultants must monitor the need for and/or request appropriate follow-up thyroid monitoring according to the combined clinical judgment of the pharmacist and physician.

POTASSIUM CHLORIDE INTERCHANGE

(Interchange to occur at the point of dispensing)

- ◆ **Sustained Release Potassium Preparation of Choice** will be dispensed in lieu of other sustained release potassium preparations on a mEq. per mEq. basis.

PROTON PUMP INHIBITOR INTERCHANGE

(Interchange to occur at the point of dispensing)

- ◆ **Proton Pump Inhibitor of Choice** will be dispensed in lieu of an equivalent dose of other PPI's.

PHYSICIAN SIGNATURE

DATE

OMNI 127542

OMNICARE, INC.
Approved Interchange Protocols*

I. ACE INHIBITOR INTERCHANGE:

selected agent: Zestril® (lisinopril)

TOTAL DAILY DOSES IN MG ARE INDICATED: *if prescribed dosing regimen is not described below, prescriber clarification must be obtained.

ZESTRIL	MONOPRIL	VASOTEC	ACCUPRIL	LOTENSIN	ALTACE	CAPOTEN	MAVIK	UNIVASC
DOSED QD								
5	5	5	5	5	N/A	25	1	3.75
10	10	10	10	10	2.5	50	2	7.5
20	20	20	20	20	5	100	4	15
40	40	40	40	40	10	200	8	30

Note: Conversion tables are guidelines only. As individual resident specific data becomes available, i.e. during consultant review, clinical judgment supersedes.

II. H2 RECEPTOR ANTAGONIST INTERCHANGE:

selected agent: H2 of Choice

H2 DOSING EQUIVALENTS:

cimetidine (Tagamet®)	famotidine (Pepcid®)	nizatidine (Axid®)	ranitidine (Zantac®)
400mg HS	20mg HS	150mg HS	150mg HS
800mg HS	40mg HS	300mg HS	300mg HS
400mg BID	20mg BID	150mg BID	150mg BID
300mg QID	20 mg BID	150mg BID	150mg BID
400mg QID (GERD)	40mg BID	150mg BID	150mg BID
800mg BID (GERD)	40mg BID	150mg BID	150mg BID
N/A	N/A	300mg BID (GERD)	300mg BID

III. FLUOROQUINOLONE INTERCHANGE**selected agent: Levaquin (levofloxacin)**

FLUOROQUINOLONE	DOSAGE FORM	DOSE & DOSING FREQUENCY	EQUIVALENT LEVOFLOXACIN (LEVAQUIN®) DOSE & DOSING FREQUENCY for CrCl > 50 ml/min
Ciprofloxacin (Cipro®)	PO	250mg Q 12 hrs	250mg Q 24 hrs
	IV	200mg Q 12 hrs	250mg Q 24 hrs
	PO	500mg Q 12 hrs	500mg Q 24 hrs
	IV	400mg Q 12 hrs	500mg Q 24 hrs
Gatifloxacin (Tequin®)	PO	400 mg QD	500 mg Q24 hrs
Enoxacin (Penetrex®)	PO	200mg Q 12 hrs	250mg Q 24 hrs
	PO	400mg Q 12 hrs	250mg Q 24 hrs
Lomefloxacin (Maxaquin®)	PO	400mg QD	500mg Q 24 hrs
Moxifloxacin (Avelox®)	PO	400 mg QD	500 mg Q24hrs.
Ofloxacin (Floxin®)	PO	200mg Q 12 hrs	250mg Q 24 hrs
	IV	200mg Q 12 hrs	250mg Q 24 hrs
	PO	300mg Q 12 hrs	500mg Q 24 hrs
	IV	300mg Q 12 hrs	500mg Q 24 hrs
	PO	400mg Q 12 hrs	500mg Q 24 hrs
	IV	400mg Q 12 hrs	500mg Q 24 hrs
Sparfloxacin (Zagam®)	PO	200mg QD	500mg Q 24 hrs

IV. PROTON PUMP INHIBITOR INTERCHANGE**selected agent: PPI of Choice**

Prilosec®	Prevacid®	Aciphex®
10mg	15mg	20 mg
20mg	30mg*	20 mg
40mg	30mg	20 mg
60mg	60mg	60 mg

*upon retrospective review, if consultant determines that resident is in maintenance, dose reduction recommendation may be made.

V. HMG CO-A REDUCTASE INHIBITOR INTERCHANGE
 selected agent: Lipitor®

Pravachol®	10mg	LIPITOR® 10mg
	20mg	LIPITOR® 10mg
	40mg	LIPITOR® 10mg
Mevacor®	20mg	LIPITOR® 10mg
	40mg	LIPITOR® 10mg
Zocor®	10mg	LIPITOR® 10mg
	20mg	LIPITOR® 10 mg
	40mg	LIPITOR® 20mg

VI. COX-2 INTERCHANGE
 selected agent: Celebrex®

VIOXX®	CELEBREX®
12.5 mg po QD	200 mg po QD
25 mg po QD	200 mg po QD

- See pertinent Patient Specific Therapeutic Interchange (PSTI) document for specific documentation.