

# THERAPEUTIC INTERCHANGES

\*\*\*Not Applied to patients <18 years of age\*\*\*

<b>Proton Pump Inhibitors</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Pantoprazole (Protonix) Oral Suspension	Ordered when any other PPI is ordered for GT, PEG, NG Esomeprazole (Nexium) Oral Suspension, Lansoprazole (Prevacid) Solutabs
Pantoprazole (Protonix) 20 mg PO	Lansoprazole (Prevacid) 15 mg PO Omeprazole (Prilosec) 10 mg PO
Pantoprazole (Protonix) 40 mg PO	Dexlansoprazole (Dexilant/Kapidex) 30-60 mg PO Esomeprazole (Nexium) 20-40 mg PO Lansoprazole (Prevacid) 30 mg PO Omeprazole (Prilosec) 20-40 mg PO Omeprazole-Sodium Bicarbonate (Zegerid) 20-40 mg PO Rabeprazole (Aciphex) 20 mg PO
Pantoprazole (Protonix) 80 mg PO	Esomeprazole (Nexium) 60 mg PO
Pantoprazole (Protonix) 40 mg IV	Esomeprazole (Nexium) 40 mg IV Lansoprazole (Prevacid) 30 mg IV
<i>Patients on Plavix and PPIs may be suggested to switch to Pepcid at either 20 mg BID or 20 mg daily based on renal function. In this case, the pharmacist will write an order in the chart. Simplified lansoprazole solution (SLS) will be substituted at an equivalent dose if a liquid is necessary.</i>	

<b>H-2 Antagonists</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Famotidine (Pepcid) 10 mg PO	Nizatidine (Axid AR) 75 mg PO
Famotidine (Pepcid) 20 mg PO	Cimetidine (Tagamet) 300-400 mg PO Nizatidine (Axid) 150 mg PO Ranitidine (Zantac) 150 mg PO
Famotidine (Pepcid) 20 mg PO BID	Cimetidine (Tagamet) 500-1200 mg PO
Famotidine (Pepcid) 40 mg PO	Nizatidine (Axid) 300 mg PO Ranitidine (Zantac) 300 mg PO
Famotidine (Pepcid) 40 mg PO BID	Cimetidine (Tagamet) 1300-1600 mg PO
Famotidine (Pepcid) 20 mg IV q12h	Ranitidine (Zantac) 50 mg IV q8-12h Cimetidine (Tagamet) 300 mg IV q6h

<b>Antacid Formulations</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Maalox Maalox Plus	Any antacid or antacid with simethicone ordered.
Maalox Plus	Maalox

# THERAPEUTIC INTERCHANGES

<b>Prevpac Substitution</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Pantoprazole (Protonix)	Lansoprazole (Prevacid)
Amoxicillin (Amoxil)	Amoxicillin (Amoxil)
Clarithromycin (Biaxin)	Clarithromycin (Biaxin)

<b>Hmg Co-A Reductase Inhibitors</b>	
<b>Formulary Medication</b> { ≈ % LDL Lowering }	<b>Ordered Medication</b> { ≈ % LDL Lowering }
Simvastatin (Zocor) 5 mg {~26%}	Lovastatin (Mevacor) 10 mg {~21%} Pravastatin (Pravachol) 10 mg {~22%}
Simvastatin (Zocor) 10 mg {~30%}	Atorvastatin (Lipitor) 5 mg Fluvastatin (Lescol) 20 mg {~17%} Lovastatin (Mevacor) 20 mg {~29%} Pravastatin (Pravachol) 20 mg {~24%} Pitavastatin (Livalo) 1 mg
Simvastatin (Zocor) 20 mg {~38%}	Atorvastatin (Lipitor) 10 mg {~37%} Fluvastatin (Lescol) 40 mg {~23%} Lovastatin (Mevacor) 40 mg {~31%} Pravastatin (Pravachol) 40 mg {~34%} Rosuvastatin (Crestor) 5 mg {~43%} Pitavastatin (Livalo) 2 mg
Simvastatin (Zocor) 40 mg {~39%}	Atorvastatin (Lipitor) 20 mg {~43%} Fluvastatin (Lescol) 80 mg {~33%} Fluvastatin XR (Lescol XR) 40 mg {~33%} Lovastatin (Mevacor) 80 mg {~40%} Pravastatin (Pravachol) 80 mg {~35%} Rosuvastatin (Crestor) 10 mg {~50%} Pitavastatin (Livalo) 3 mg
Atorvastatin (Lipitor) 40 mg {~50%}	Simvastatin (Zocor) 80 mg {~48%} Fluvastatin XR (Lescol XR) 80 mg {~38%} Rosuvastatin (Crestor) 20 mg {~53%} Pitavastatin (Livalo) 4 mg {~41%}
No Substitution	Atorvastatin (Lipitor) 80 mg {~60%} Rosuvastatin (Crestor) 40 mg {~62%}

*We will not institute our regular therapeutic substitution to Zocor when a patient is on a protease inhibitor due to increased risk for myopathy/rhabdomyolysis. Amprenavir (Agenerase), Atazanavir (Reyataz), Darunavir (Prezista), Fosamprenavir (Lexiva), Indinavir (Crixivan), Lopinavir/Ritonavir (Kaletra), Nelfinavir (Viracept), Ritonavir (Norvir), Saquinavir (Invirase), or Tipranavir (Aptivus)*

# THERAPEUTIC INTERCHANGES

<b>Insulins</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Insulin Lispro (Humalog)	Insulin Aspart (Novolog) Insulin Glulisine (Apidra)
Regular Insulin (Humulin-R)	Regular Insulin (Novolin-R)
NPH Insulin (Humulin-N)	NPH Insulin (Novolin-N)
NPH/Regular Insulin 70/30 (Novolin 70/30)	NPH/Regular Insulin 70/30 (Humulin 70/30)
Insulin Glargine (Lantus)	Insulin Detemir (Levemir)
Humalog Mix 75/25	No interchange
Novolog Mix 70/30	

<b>Pancreatic Enzymes</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Pangestyme EC Pancrease 4,200; 10,500; 16,800; or 21,000 Viokase 8 or 16	Any pancreatic enzyme ordered at closest similar formulation listed For NG tube patients

<b>Electrolyte Supplement</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Phos-NaK powder, 1 packet	Neutra-Phos powder, 1 packet
K-Phos Original 2 tablets (dissolved in 6-8 oz water)	Neutra-Phos-K powder, 1 packet

<b>Multivitamin Formulations</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Theragran Plain Multivitamin	Any plain multivitamin ordered
Theragran Multivitamin with Minerals	Any Multivitamin with Minerals
Allbee with Vitamin C	Any Vitamin B Complex ordered
Z-Bec	Any Vitamin B Complex with Zinc ordered
Prenatal Vitamins	Any Prenatal Vitamin ordered

<b>Oral Calcium Products</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Calcium with Vitamin D (same dose) 500 mg	Calcium with Vitamin D (any dose)
Calcium Carbonate (Tums) 500 mg	Calcium without Vitamin D (any dose)

# THERAPEUTIC INTERCHANGES

<b>Fiber Laxatives</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Metamucil 1 packet	Citrucel 1 packet

<b>Fluoroquinolone Antibiotics</b>	
<i>Dx: Respiratory/Skin/Sinus/Gram Positive/Non Urinary Tract Infections</i>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Levofloxacin (Levaquin) 250 mg PO daily Levofloxacin (Levaquin) 500 mg PO daily Levofloxacin (Levaquin) 750 mg PO daily	Moxifloxacin (Avelox) 400 mg PO daily
Levofloxacin (Levaquin) 250 mg IV daily Levofloxacin (Levaquin) 500 mg IV daily Levofloxacin (Levaquin) 750 mg IV daily	Moxifloxacin (Avelox) 400 mg IV daily

<b>Ophthalmic Quinolone Eye Drops</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Ciprofloxacin (Ciloxan) 0.3% Ophthalmic Solution	Levofloxacin (Quixin) 0.5% Ophthalmic Solution Moxifloxacin (Vigamox) 0.5% Ophthalmic Solution Norfloxacin (Chibroxin) Ophthalmic Solution Ofloxacin (Floxin) 0.3% Ophthalmic Solution
<i>As a courtesy to prescribers and nursing, pharmacy will continue to write clarifications for the above substitutions.</i>	

<b>Electrolyte IV Potassium</b>	
<b>Pharmacy Other Modification for Administration</b>	<b>Ordered Medication</b>
KCl 10 mEq IVPB over 1 hr X 2 doses	KCl 20 mEq IVPB over 2 hrs
KCl 10 mEq IVPB over 1 hr X 3 doses	KCl 30 mEq IVPB over 3 hrs
KCl 20 mEq IVPB over 2 hr X 2 doses	KCl 40 mEq IVPB over 4 hrs
KCl 10 mEq IVPB over 1 hr X 5 doses	KCl 50 mEq IVPB over 5 hrs
KCl 20 mEq IVPB over 2 hr X 3 doses	KCl 60 mEq IVPB over 6hrs
Central Line maximum rate: 20mEq per hr - MUST USE INFUSION PUMP	
Peripheral Line maximum rate: 10 mEq per hr - MUST USE INFUSION PUMP	
**Pharmacy will use Pre-mixed bags unless written by the physician "Do not substitute"***	

# THERAPEUTIC INTERCHANGES

<b>Echinocandin Antifungals</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Micafungin (Mycamine) 100 mg IVPB	Caspofungin (Cancidas) 70 mg or 50 mg IVPB Andulafungin (Eraxis) 50 to 200 mg IVPB
<i>As a courtesy to prescribers and nursing, pharmacy will continue to write clarifications for the above substitutions.</i>	

<b>Venlafaxine</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Venlafaxine XR (Effexor XR) 37.5 mg PO daily	Venlafaxine (Effexor) 37.5 mg PO BID
Venlafaxine XR (Effexor XR) 75 mg PO daily	Venlafaxine (Effexor) 75 mg PO BID
<i>As a courtesy to prescribers and nursing, pharmacy will continue to write clarifications for the above substitutions.</i>	

<b>Carvedilol Substitution</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Carvedilol (Coreg) 3.125 mg PO BID	Carvedilol CR (Coreg CR) 10 mg PO daily
Carvedilol (Coreg) 6.25 mg PO BID	Carvedilol CR (Coreg CR) 20 mg PO daily
Carvedilol (Coreg) 12.5 mg PO BID	Carvedilol CR (Coreg CR) 40 mg PO daily
Carvedilol (Coreg) 25 mg PO BID	Carvedilol CR (Coreg CR) 80 mg PO daily

<b>Sedative Agents</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Zolpidem (Ambien) 5 mg	Zaleplon (Sonata) 5-10 mg Eszopiclone (Lunesta) 1 or 2 mg Zolpidem CR (Ambien CR) 6.25 mg Any patient over age 65 for all sedatives
Zolpidem (Ambien) 10 mg	Eszopiclone (Lunesta) 3 mg Zaleplon (Sonata) 20 mg Zolpidem CR (Ambien CR) 12.5 mg
Temazepam (Restoril) 15 mg	Flurazepam (Dalmane) 15 mg Estazolam (Prosom) 1 mg Triazolam (Halcion) 0.125 mg
Temazepam (Restoril) 30 mg	Flurazepam (Dalmane) 30 mg Estazolam (Prosom) 2 mg Triazolam (Halcion) 0.25 mg

# THERAPEUTIC INTERCHANGES

<b>Hydrocodone/Acetaminophen Combinations</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Hydrocodone/Acetaminophen (Norco) 5/325	Hydrocodone/Acetaminophen (Lortab) 5/500 Hydrocodone/Acetaminophen (Vicodin) 5/500 Hydrocodone/Acetaminophen (Zydone) 5/400 Hydrocodone/Acetaminophen (Lorcet) 5/500
Hydrocodone/Acetaminophen (Norco) 7.5/325	Hydrocodone/Acetaminophen (Lortab) 7.5/500 Hydrocodone/Acetaminophen (Vicodin ES) 7.5/750 Hydrocodone/Acetaminophen (Lorcet Plus) 7.5/650
Hydrocodone/Acetaminophen (Norco) 10/325	Hydrocodone/Acetaminophen (Lortab) 10/500 Hydrocodone/Acetaminophen (Lorcet) 10/650 Hydrocodone/Acetaminophen (Vicodin HP) 10/660 Hydrocodone/Acetaminophen (Maxidone) 10/750

<b>Extended Spectrum Penicillins/Carbapenems</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Piperacillin/Tazobactam (Zosyn) 3.375 gm IV	Ticarcillin/Clavulanic Acid (Timentin) 3.1 gm IV
Piperacillin/Tazobactam (Zosyn) 2.25 gm IV	Ticarcillin/Clavulanic Acid (Timentin) 2 gm IV
Doripenem (Doribax) 500 mg IV q8h	Imipenem-Cilastatin (Primaxin) 500 mg IV q6h Meropenem (Merrem) 1 gm IV q8h
Doripenem (Doribax) 250 mg IV q8h	Imipenem-Cilastatin (Primaxin) 500 mg IV q8h to q12h Meropenem (Merrem) 500 mg IV q6h to q8h
<i>Dose adjustment for Creatinine Clearance:</i>	
CrCl: 31 to 50 Doripenem 250mg IV q8h	Meropenem 500mg to 1gm IV q12h
10 to 30 Doripenem 250 mg IVq12h	Meropenem 500mg to 250mg IV q12h
<10 Doripenem 250 mg IV q24h	Meropenem 250mg IV q24h

<b>Pain Medications</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Oxycodone/APAP (Percocet) 5/325	Oxycodone/Aspirin (Percodan) 5/325 Oxycodone/APAP (Tylox) 5/500
Acetaminophen with Codeine #3 30/300 2 tabs	Acetaminophen with Codeine #4 60/300 1 tab
Butalbital/APAP/Caffeine (Fioricet/Esgic) 50/325/40	Butalbital/ASA/Caffeine (Fiorinal) 50/200/40 Butalbital/APAP/Caffeine (Esgic Plus) 50/500/40

# THERAPEUTIC INTERCHANGES

<b>Inhaled Bronchodilators</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Albuterol 1.25 mg	Levalbuterol (Xopenex) 0.63 mg
Albuterol 2.5 mg	Levalbuterol (Xopenex) 1.25 mg
Albuterol metered dose inhaler	Levalbuterol (Xopenex) metered dose inhaler
<i>Orders for pediatric patients will not be changed. As a courtesy to prescribers and nursing, pharmacy will continue to write clarifications for the above substitutions.</i>	

<b>Inhaled Steroid</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Mometasone (Asmanex) 1 puff daily	Budesonide (Pulmicort) 1-2 puffs daily Flunisolide (Aerobid) 2-4 puffs daily Triamcinolone (Azmecort) 4-10 puffs daily
Mometasone (Asmanex) 2 puffs daily	Budesonide (Pulmicort) 3 puffs daily Flunisolide (Aerobid) 5-8 puffs daily Triamcinolone (Azmecort) 11-20 puffs daily
Mometasone (Asmanex) 2 puffs BID	Budesonide (Pulmicort) > 3 puffs daily Flunisolide (Aerobid) >8 puffs daily Triamcinolone (Azmecort) >20 puffs daily
<i>As a courtesy to prescribers and nursing, pharmacy will continue to write clarifications for the above substitutions.</i>	

<b>Inhaled Steroids/Long Acting Beta Agonists</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Budesonide-Formoterol (Symbicort) 80/4.5 2 puffs BID	Fluticasone-Salmeterol (Advair) 100/50 1 inhalation BID
Budesonide-Formoterol (Symbicort) 160/4.5 2 puffs BID	Fluticasone-Salmeterol (Advair) 250/50 and 500/50 1 inhalation BID
<i>As a courtesy to prescribers and nursing, pharmacy will continue to write clarifications for the above substitutions.</i>	

<b>Inhaled Nasal Steroids</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Fluticasone (Flonase) 2 sprays each nostril daily	Flunisolide (Nasarel) Fluticasone (Veramyst) Triamcinolone (Nasacort AQ) Mometasone (Nasonex) Budesonide (Rhinocort AQ) Beclomethasone (Beconase AQ) Ciclesonide (Omnaris)

# THERAPEUTIC INTERCHANGES

<b>Antitussives</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Guaifenesin AC 10 ml	Kwelcof 5 ml
<i>For Tube Patients</i> Guaifenesin Oral Solution 200 - 400mg q4h	Guaifenesin 600mg ER tabs 1-2 BID

<b>Oral Antihistamines</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Loratadine (Claritin) 5 mg PO daily	Cetirizine (Zyrtec) 5 mg PO daily Fexofenadine (Allegra) 30 mg PO BID
Loratadine (Claritin) 10 mg PO daily	Cetirizine (Zyrtec) 10 mg PO daily Desloratadine (Clarinex) 5 mg PO daily Fexofenadine (Allegra) 60 mg PO BID Fexofenadine (Allegra) 180 mg PO daily Levocetirizine (Xyzal) 5 mg PO daily
Loratadine 10 mg with Pseudoephedrine 120mg PO Daily	Cetirizine-Pseudoephedrine (Zyrtec-D) Fexofenadine-Pseudoephedrine (Allegra-D) Claritin D (12) – Ordered daily
Loratadine 10 mg Daily with Pseudoephedrine 120 mg PO Bid	Cetirizine-Pseudoephedrine (Zyrtec-D) Fexofenadine-Pseudoephedrine (Allegra-D) Claritin D (12) Ordered BID or Claritin D (24) ordered daily

<b>Fibric Acid Derivatives</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Fenofibrate (Tricor) 48 mg	Antara 43 mg Fenoglide 40 mg Fenofibrate (generic) 50 mg, 54 mg, or 67 mg Fenofibric acid (TriLipix) 45 mg Lofibra 54 mg or 67 mg Lipofen 50 mg Triglide 50 mg
Fenofibrate (Tricor) 145 mg	Antara 130 mg Fenoglide 120 mg Fenofibrate (generic) 120 mg, 134 mg, 150 mg, 160 mg, or 200 mg Fenofibric acid (TriLipix) 135 mg Lofibra 134 mg, 160 mg, or 200 mg Lipofen 150 mg



# THERAPEUTIC INTERCHANGES

<b>Phosphate Binders</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Renagel (sevelamer)	Renvela (sevelamer)

<b>Promethazine Substitution</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Ondansetron (Zofran) 2mg IV q8h	Promethazine (Phenergan) 12.5 mg IV q4h, q6h, q12h
Ondansetron (Zofran) 4mg IV q8h	Promethazine (Phenergan) 25 mg IV q4h, q6h, q12h
Ondansetron (Zofran) 8mg IV q12h	Promethazine (Phenergan) 50 mg IV q4h, q6h, q12h
<i>Orders for IV promethazine on L&amp;D and chemotherapy floors (A400 &amp; A200 respectively) will not be autosubstituted. Physicians who choose to prescribe IV promethazine on other floors shall write "Do Not Substitute." In those cases, IV promethazine will be diluted in 50 cc of normal saline. If an order for ondansetron already exists, then autosubstitution will not be made and previous order will remain active.</i>	

<b>5-HT3 Antiemetics</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Ondansetron (Zofran) 4 mg IV	Dolasetron (Anzemet) 12.5 mg IV Granisetron (Granisol) 0.1 mg IV
Ondansetron (Zofran) 8 mg IV q12h	Granisetron (Granisol) 1 mg IV q24h
Ondansetron (Zofran) 8 mg IV q8h	Granisetron (Granisol) 1 mg IV q12h Dolasetron (Anzemet) 100 mg IV q24h Palonosetron (Aloxi) 0.25 mg IV q24h
Ondansetron (Zofran) 32 mg IV x 1	Granisetron (Granisol) 2 mg IV x 1
Ondansetron (Zofran) 8 mg PO q8h	Dolasetron (Anzemet) 100 mg PO q24h Granisetron (Granisol) 2 mg PO q24h
<b>** Excludes Chemotherapy Patients **</b>	

# THERAPEUTIC INTERCHANGES

<b>Bladder Antispasmodics / Incontinence</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Tolterodine LA (Detrol LA) 2 mg PO daily	Darifenacin (Enablex) 7.5 mg PO daily Solifenacin (Vesicare) 5 mg PO daily Trospium (Sanctura) 20 mg PO daily Tolterodine (Detrol) 1 mg PO BID Fesoterodine (Toviaz) 4 mg PO daily
Tolterodine LA (Detrol LA) 4 mg PO daily	Darifenacin (Enablex) 15 mg PO daily Solifenacin (Vesicare) 10 mg PO daily Trospium (Sanctura) 20 mg PO BID Tolterodine (Detrol) 2 mg PO BID Fesoterodine (Toviaz) 8 mg PO daily
<b>Antiepileptics</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Levetiracetam (Keppra) 500-1500mg PO BID	Levetiracetam (Keppra XR) 1000-3000 mg PO daily
Fosphenytoin (Cerebyx) IV Phenytoin Equivalents (PE) doses – 1:1 conversion	Phenytoin (Dilantin) IV
<b>Renal Vitamins</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Renal Caps (contains folic acid, B vitamins, biotin, and Vitamin C)	NephroCaps Dialyvite (800, + zinc, 3000) Nephrovite
Hemocyte Plus (Centratex) (contains folic acid, B vitamins, biotin, Vitamin C, and 29 mg elemental iron)	Chromagen FA or Forte Diaylvite + Iron Hemocyte Plus Iberet Folic 500 Nephron –FA
Niferex (iron polysaccharides)	Chromagen Hemocyte F Niferex 150 Nu-Iron
FolBee (contains folic acid, B12, and B6)	Foltx

# THERAPEUTIC INTERCHANGES

<b>Angiotensin II Receptor Blockers</b>	
<b>Formulary Medication</b>	<b>Ordered Medication</b>
Valsartan (Diovan) 40 mg	Candesartan (Atacand) 4 mg Eprosartan (Teveten) 400 mg Irbesartan (Avapro) 75 mg Losartan (Cozaar) 25 mg Telmisartan (Micardis) 20 mg
Valsartan (Diovan) 80 mg	Candesartan (Atacand) 8 mg or 4 mg BID Eprosartan (Teveten) 600 mg Irbesartan (Avapro) 150 mg Losartan (Cozaar) 50 mg Olmesartan (Benicar) 20 mg Telmisartan (Micardis) 40 mg
Valsartan (Diovan) 160 mg	Candesartan (Atacand) 16 mg or 8mg BID Eprosartan (Teveten) 800 mg Irbesartan (Avapro) 300 mg Losartan (Cozaar) 100 mg Olmesartan (Benicar) 40 mg Telmisartan (Micardis) 80 mg
Valsartan (Diovan) 320 mg	Candesartan (Atacand) 32 mg Losartan (Cozaar) 200 mg Telmisartan (Micardis) 160 mg
<p>Note: Combination Products excluding generic Hyzaar (hctz/irbesartan) - such as Micardis HCT, Avalide, etc will be converted to the equivalent components.</p>	