



## **ASL-02 Automatic Substitution List - ACE Inhibitors**

### **Overview**

In order to simplify drug therapy, orders for one medication may be automatically substituted (also known as therapeutic interchange) to a different medication that is considered therapeutically equivalent.

These substitutions are approved by the Calgary Zone Long Term Care Pharmacy and Therapeutics Committee.

The rationale for auto-substitutions may vary by drug product, but the typical motivating factors for any given product may be (in no particular order):

- Ease of medication regimen
- Decreasing number and variability of available medication (i.e. decreasing overall items of in drug inventory to reduce workload on pharmacy and nursing staff)
- Cost of therapy
- Clinical effect should be non-inferior to the original prescribed therapy
- To support drug shortage situations

During the initial assessment period taking place during the 3-6 week grace period following a resident's admission, the pharmacist may use this time to determine the appropriateness of any auto-substitution to and not feel compelled to immediately change therapy during Medication Reconciliation.

At anytime, if the substituted product is considered clinically inappropriate for the resident, the automatic substitution should not take place and the pharmacist should consult with the resident's physician to determine the most appropriate therapy and apply if non-formulary funding if necessary.

### **ACE inhibitors**

The main Formulary ACE-I is ramipril. Enalapril, lisinopril and perindopril have additional restrictions (see RS-11).

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Angiotensin Converting Enzyme Inhibitors (ACEI)			
ORIGINAL ORDER		SUBSTITUTION	
		<i>Approximate doses: monitor blood pressure and titrate to effective dose. Consider monitoring electrolytes. Consult the resident's physician as necessary for collaborative decision making</i>	
benazepril (Lotensin)	5 mg once daily	ramipril	1.25 mg once daily
	10 mg once daily		2.5 mg once daily
	15 mg once daily		3.75 mg once daily
	20 mg once daily		5 mg once daily
	30 mg once daily		7.5 mg once daily
	40 mg once daily		10 mg once daily
<b>cilazapril (Inhibace)</b>			
	1 mg once daily	ramipril	1.25 mg once daily
	2.5 mg once daily		2.5 mg once daily
	5 mg once daily		5 mg once daily
	10 mg once daily		10 mg once daily
<b>enalapril (Vasotec)</b>			
	2.5 mg once daily	enalapril	2.5 mg once daily
	5 mg once daily	ramipril	1.25 mg once daily
	10 mg once daily		2.5 mg once daily
	20 mg once daily		5 mg once daily
	40 mg once daily		10 mg once daily
<b>fosinopril (Monopril)</b>			
	5 mg once daily	ramipril	1.25 mg once daily
	10 mg once daily		2.5 mg once daily
	15 mg once daily		3.75 mg once daily
	20 mg once daily		5 mg once daily
	30 mg once daily		7.5 mg once daily

  

ORIGINAL ORDER		SUBSTITUTION	
		<i>Approximate doses: monitor blood pressure and titrate to effective dose. Consider monitoring electrolytes. Consult the resident's physician as necessary for collaborative decision making</i>	
<b>lisinopril (Prinivil, Zestril)</b>			
	2.5 mg once daily	lisinopril	2.5 mg once daily
	5 mg once daily	ramipril	1.25 mg once daily
	10 mg once daily		2.5 mg once daily
	20 mg once daily		5 mg once daily
	40 mg once daily		10 mg once daily
<b>perindopril (Coversyl)<sup>1</sup></b>			
	1 mg once daily		-
	2 mg once daily	ramipril	1.25 mg once daily
	4 mg once daily		2.5 mg once daily
	8 mg once daily		5 mg once daily
<b>quinapril (Accupril)</b>			
	2.5 mg once daily		-
	5 mg once daily	ramipril (Altace®)	1.25 mg once daily
	10 mg once daily		2.5 mg once daily
	20 mg once daily		5 mg once daily
	40 mg once daily		10 mg once daily
<b>trandolopril (Mavik)</b>			
	0.5 mg once daily	ramipril (Altace®)	1.25 mg once daily
	1 mg once daily		2.5 mg once daily
	2 mg once daily		5 mg once daily
	4 mg once daily		10 mg once daily

1. If perindopril meets restricted criteria, auto-substitution not required