

# **KIMBERLEY STANDARD DRUG LIST**

**May 2007  
3rd Edition**



**WA Country Health Service**  
Government of Western Australia

© Kimberley Aboriginal Medical Services Council (KAMSC)  
and WA Country Health Service (WACHS) Kimberley

# TABLE OF CONTENTS

<b>Clinic Imprest</b>	<b>1</b>
Cardiovascular Drugs .....	1
Diabetic Drugs .....	1
Other Endocrine and Metabolic Disorder Drugs .....	2
Gastrointestinal Drugs .....	2
Respiratory Drugs .....	2
Analgesics .....	3
Psychotropics .....	3
Neurological Drugs .....	3
Obstetric, Gynaecological and Genitourinary Drugs .....	4
Antibiotics .....	4
Antifungals .....	5
Antivirals .....	5
Anthelmintics .....	5
Scabies and Head Lice Preparations .....	5
Ear and Nasal Preparations .....	5
Eye Preparations .....	6
Vitamins/Supplements .....	6
Dermatologicals .....	6
Immunosuppressants .....	6
Smoking Cessation Therapy .....	7
Antihistamines .....	7
Emergency Drug List .....	8
Vaccines and non-prescription medicines .....	9
<b>Drug Transfer Protocols</b>	<b>2</b>
Switching Ace-inhibitors .....	1
Switching All Antagonists .....	3
Switching Calcium channel blockers .....	4
Switching Statins .....	5
Switching Sulphonylureas .....	6
Switching Proton-pump inhibitors .....	7
Switching Contraceptives .....	8
Switching inhaled corticosteroids .....	9
Anticoagulants .....	11
Psychotropic Prescribing Guidelines .....	13
<b>Chronic Disease Protocols</b>	<b>3</b>
<b>KSDL Policy and Forms</b>	<b>4</b>
KSDL Policy	
KSDL Individual Patient Supply Form	
Request Form	
KSDL Modification	

## **WORKING TOWARDS A STANDARD DRUG LIST FOR THE KIMBERLEY**

In consultation with a number of stakeholders, the Kimberley Aboriginal Medical Services Council and WA Country Health Service (WACHS) Kimberley have developed a recommended drug list for the Kimberley. This drug list is intended for use in remote clinics, including remote Government clinics and Aboriginal Community Controlled Health Services (ACCHS's) in the Kimberley. Although Kimberley hospitals will have the opportunity to have a much larger imprest, the standard drug list has also been planned to be reflected in hospital imprests.

The steering committee has recommended a two part approach to the clinic imprest, as outlined below:

### **1) Essential drug list:**

This list consists of drugs that the steering committee recommends should be easily accessible to the Kimberley population and hence, included in all clinic and hospital medication imprests.

### **2) Supplementary list:**

This list consists of drugs that should be able to be accessed across the Kimberley, but will not be required by all clinics. Therefore, it is at the discretion of the local senior clinicians as to whether or not these drugs are included on the clinics imprest.

The Standard Drugs list also includes:

### **1) Emergency drug list:**

Drugs for inclusion in Emergency drug kits.

### **2) Vaccines**

### **3) Non-prescription medicines:**

The list does not preclude prescribers from working outside this list, but rather provides a useful guide to medication which is readily available in the Kimberley for continued treatment.

Following is the recommended drug list. This is the result of numerous meetings of the steering committee, as well as consultation with specialists who practice within the region. Further information about the rationale behind this list can be downloaded at [http://www.kamsc.org.au/kim\\_drugs\\_list.html](http://www.kamsc.org.au/kim_drugs_list.html)

Note: **Shaded items are non-PBS.**

## **ACKNOWLEDGEMENTS**

---

The project was initially completed by a Standard Drug List Working Party. The original members and their positions were as follows:

Dr Alex Balzarelli (BRAMS)	Dr Graeme Maguire (WACHS Community Physician)
Dr Anne Cawley (BRAMS)	Dr Richard Murray (KAMSC Medical Director)
Mr Roy Finnigan (Hospital Pharmacist, WACHS)	Dr Carmel Nelson (DAHS)
Dr Cherelle Fitzclarence (BRAMS)	Dr David Shepherd (BRAMS)
Ms Cathy Larkin (KAMSC Pharmacist)	Dr Alice Tippetts (OVAHS)
Dr Conrad Macrokanis (Broome Hospital)	

## **CONTRIBUTORS**

---

Throughout the development of the Standard Drug List there were a number of Specialists and specialist services consulted.

These participants included:

Dr Lindsay Adams (Paediatrician, WACHS)  
Dr Siva Bala (Psychiatrist, North West Mental Health)  
Dr Murray Chapman (Psychiatrist, North West Mental Health)  
Dr Dave Cutts (Psychiatrist, North West Mental Health)  
Dr Clayton Gollidge (Senior Consultant in Clinical Microbiology & Infectious Diseases, Sir Charles Gardiner Hospital)  
Mr Lou Leidwinger (Audiologist, WACHS)  
Dr Ross Littlewood (Ophthalmologist)  
Dr Alastair Mackendrick (Southern Corridor ENT Services)  
Ms Maree McGrath (Diabetes Educator, Broome Hospital)  
Dr Jacki Mein (Senior Medical Officer, Kimberley Public Health Unit)  
Dr Jock Murray (Obstetrician, WACHS)  
Dr Dermot Roden (Ophthalmologist)  
Dr James Rohr (Dermatologist, Dermatology WA)  
Dr Kevin Warr (Renal Physician)  
Dr Keith Woollard (Cardiologist, WA Cardiology)

## **KIMBERLEY STANDARD DRUG LIST REVIEW COMMITTEE**

---

The Standard Drug List is a constant work in progress, and is reviewed and updated bi-annually.

The current KSDL Review Committee members are as follows:

Dr Alex Balzarelli (The Rural Clinical School of WA)	Dr Carmel Nelson (KAMSC Medical Director)
Mr Roy Finnigan (Hospital Pharmacist, WACHS)	Ms Corina Pesich (KAMSC Pharmacist)
Dr Jaye Martin (WACHS Community Physician)	Dr Ann Ward (Kununurra Hospital)



## Cardiovascular Drugs

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
<b>ACE-Inhibitors</b>	Quinapril (5mg, 10mg, 20mg tab) Ramipril (2.5mg, 5mg, 10mg tab)	Enalapril (5mg, 10mg, 20mg tab) Quinapril/HCT (20mg/12.5mg tab)
<b>All-Antagonists</b>	Irbesartan (75mg, 150mg, 300mg tab)	Irbesartan/HCT (300mg/12.5mg tab)
<b>Anti-angina therapy</b>	GTN (400mcg spray) Isosorbide mononitrate (60mg, 120mg tab)	Nicorandil (10mg tab)
<b>Anti-arrhythmics</b>	Amiodarone (200mg tab) Digoxin (62.5mcg, 250mcg tab)	Sotalol (80mg tab) Verapamil CR (180mg, 240mg tab)
<b>Anticoagulants</b>	Marevan® (1mg, 3mg, 5mg tab)	Enoxaparin (40mg, 60mg inj)
<b>Antiplatelet therapy</b>	Aspirin (100mg, 300mg tab) Clopidogrel (75mg tab)	Dipyridamole/Aspirin (200mg/25mg cap)
<b>Beta-blockers</b>	Atenolol (50mg tab) Carvedilol (6.25mg, 12.5mg, 25mg tab) Metoprolol (50mg, 100mg tab)	Labetalol (100mg tab) Propranolol (10mg, 40mg tab)
<b>Calcium Channel Blockers</b>	Amlodipine (5mg, 10mg tab) Nifedipine oros (30mg, 60mg tab)	
<b>Centrally acting antihypertensives</b>	Methyldopa (250mg tab)	
<b>Diuretics</b>	Frusemide (40mg, 500mg tab) Hydrochlorothiazide (25mg tab) Spironolactone (25mg tab)	
<b>Dyslipidaemia Agents</b>	Atorvastatin (20mg, 40mg, 80mg tab) Gemfibrozil (600mg tab) Simvastatin (20mg, 40mg, 80mg tab)	Ezetimibe (10mg tab) Ezetimibe/Simvastatin (10mg/80mg tab)

## Diabetic Drugs

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
<b>Insulin</b>	Isophane insulin (Protaphane® penfill cartridges) Mixed 30/70 (Mixtard® penfill cartridges) Short acting, neutral (Actrapid® penfill cartridges) Recommended insulin pen: Novopen Insulin glargine (Lantus® penfill cartridges)*	Mixtard 30/70 Innolet Protaphane® Innolet
<b>Oral hypoglycaemics</b>	Gliclazide (80mg, 30mg MR tab) Metformin (500mg, 1g, XR 500mg tab) Rosiglitazone (4mg, 8mg tab)	

\*When switching from

(i) Once daily dose of Protaphane® to Lantus®, the initial dose of Lantus® can be administered at the same dose in units as the Protaphane®

(ii) Twice daily dose of Protaphane® to Lantus®, the initial dose of Lantus® should be reduced by approximately 20% of previous total IU of insulin.

Carefully monitoring and dosage adjustment is recommended during the first week of transfer treatment, and then dosage adjustments should be made based on patient response, as recommended in the Product Information guide, June 2007.

1 Amended/Added August 2006

2 Amended/Added May 2007

© Kimberley Aboriginal Medical Services Council (KAMSC) and WA Country Health Service (WACHS) Kimberley

## Other Endocrine and Metabolic Disorder Drugs

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Corticosteroids	Prednisolone (5mg, 25mg tab, 5mg/mL liquid)	Cortisone 25mg Fludrocortisone 100mcg Prednisolone (1mg tab)
Osteoporosis therapy	Calcium carbonate tab (600mg)	Alendronate Na (70mg tab) Calcitriol cap (0.25mcg)
Pancreatic enzymes		Creon® Capsules
Thyroid	Thyroxine (50mcg, 100mcg tab)	Carbimazole (5mg tab) Propranolol (10mg, 40mg tab)

## Gastrointestinal Drugs

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Anti-emetics	Metoclopramide (10mg tab) Prochlorperazine (5mg tab)	Ondansetron (4mg wafer, 2mg/mL inj)
Antispasmodics and anti-motility drugs		Hyoscine (10mg tab, 20mg/mL inj)
H2 Antagonists and Antacids	Gastrogel® suspension Ranitidine (300mg tab)	
Laxatives	Coloxyl with Senna® tab Microlax enema	Lactulose liquid
ORT	Repalyte® sachets	
PPIs	Klacid HP7® Omeprazole (20mg tab)	
Portal Hypertension		Propranolol (10mg, 40mg tab)

## Respiratory Drugs

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Inhaled and oral preventer medication	Fluticasone Accuhaler (100mcg, 250mcg, 500mcg) Fluticasone MDI (50mcg, 125mcg, 250mcg) Fluticasone/Salmeterol Accuhaler (100/50, 250/50, 500/50) Fluticasone/Salmeterol MDI (50/25, 250/25)	Montelukast (4mg chewable tab)
Bronchodilators	Salbutamol MDI (100mcg)	Theophylline (250mg SR)
Anticholinergics	Handihaler device Tiotropium (18mcg caps)	

Amended/Added August 2006

Amended/Added May 2007

## Analgesics

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Anti-gout preparations	Allopurinol tab (100mg, 300mg) Colchicine (500mcg tab)	
DMARDS		Hydroxychloroquine (200mg tab) Methotrexate (2.5mg tab) Sulfasalazine EN (500mg tab)
Migraine therapy	Aspirin/Codeine sol tab (300mg/8mg)	Sumatriptan (50mg tab) Propranolol (10mg, 40mg tab)
Non-opioid analgesics	Paracetamol liquid (120mg/5mL) Paracetamol tab (500mg) Paracetamol/Codeine tab (500mg/8mg, 500mg/30mg) Paracetamol/Codeine liquid (Painstop Day®)	Tramadol (50mg cap, 100mg SR tab)
NSAIDs	Ibuprofen (400mg tab)	Ibuprofen liquid (100mg/5mL) Naproxen (500mg, SR 1g tab)
Other		Glucosamine (1500mg tab)

## Psychotropics

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Antipsychotics	Benztropine (2mg tab) Olanzapine (2.5mg, 5mg, 10mg tab) Risperidal Consta (25mg, 37.5mg, 50mg inj)	Flupenthixol depot (40mg/2mL, 100mg/mL inj) Lithium carbonate tab (250mg) Risperidone (1mg, 3mg tab) Sodium valproate (200mg, 500mg tab) Zuclophenthixol depot (200mg/mL inj)
Benzodiazepines	Diazepam (5mg tab) Temazepam (10mg tab)	
Others	Venlafaxine (75mg XR, 150mg XR cap)	Mirtazapine (30mg tab)
SSRI's	Citalopram (20mg tab)	
TCA's	Amitriptyline (25mg tab)	

## Neurological Drugs

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Anti-epileptics	Carbamazepine (200mg CR tab) Phenytoin (100mg cap) Sodium valproate (200mg, 500mg tab)	Carbamazepine (20mg/mL liquid) Gabapentin (300mg, 600mg cap) Lamotrigine (50mg, 100mg tab) Phenobarbitone (30mg tab) Sodium valproate (40mg/mL s/f liquid)
Drugs for Parkinsonism		Levodopa/Carbidopa (100mg/25mg scored tablet)

1 Ammended/Added August 2006

2 Ammended/Added May 2007

© Kimberley Aboriginal Medical Services Council (KAMSC) and WA Country Health Service (WACHS) Kimberley

## Obstetric, Gynaecological and Genitourinary Drugs

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Contraceptives	Ethinylloestradiol 30mcg/Levonorgestrel 150mcg (Monofeme®) Etonogestrel implant (Implanon®) Levonorgestrel (30mcg tab) Medroxyprogesterone (150mg/mL depot) (Depo Ralovera®)	
Drugs for Breast Cancer		Tamoxifen tab (20mg)
Emergency contraception	<b>Postinor-2® (levonorgestrel 750mcg tab)</b>	
Genitourinary Drugs		Prazosin (1mg tab) Propantheline (15mg tab)
HRT	Norethisterone (5mg tab)	Oestriol 0.1% cream Ogen® (1.25mg tab) Trisequens®

## Antibiotics

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Cephalosporins	Cephalexin (500mg tab, 250mg/5mL syrup)	
Macrolides	Azithromycin (500mg tab, 200mg/5mL syrup) Roxithromycin (50mg disp tab, 300mg tab)	
Others	Metronidazole (400mg tab, 200mg/5mL syrup) Tinidazole (500mg tab) Trimethoprim (300mg tab) Probenecid (500mg tab)	Clindamycin (150mg cap) Fusidic acid (250mg cap) Nitrofurantoin (100mg cap)
Penicillins	Amoxicillin (500mg cap, 250mg/5mL syrup) Amoxicillin/Clav.acid (875/125mg tab, 400mg/5mL syrup) Benzathine penicillin (900mg/2mL inj) Benzyl penicillin (600mg inj) Flucloxacillin (500mg cap) Flucloxacillin (250mg/5mL syrup) Phenoxymethylpenicillin (500mg cap, 250mg/5mL syrup) Procaine Penicillin (1.5g inj)	
Quinolones	Ciprofloxacin (500mg tab)	
Sulphonamides		Co-trimoxazole (8mg and 40mg/ml liquid)
Tetracyclines	Doxycycline (100mg cap)	

Amended/Added August 2006

Amended/Added May 2007

## Antifungals

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Antifungals	Ketoconazole 2% cream 30g* Fluconazole (200mg tab) Griseofulvin (125mg tab) Ketoconazole 2% shampoo (Nizoral®)* Nystatin (100,000U/mL oral drops) Selsun Yellow shampoo	Griseofulvin (500mg tab) Terbinafine (250mg tab)

\* Not to be used in pregnancy

## Antivirals

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Antivirals	Famciclovir (250mg tab)	

## Anthelmintics

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Anthelmintics	Albendazole (200mg, 400mg tab) Ivermectin (3mg tab) Pyrantel (250mg tab, 50mg/mL)	Praziquantel (600mg tab)

## Scabies and Head Lice Preparations

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Scabacides	Permethrin (5% cream) Permethrin 1% headlice lotion	Benzemul®

## Ear and Nasal Preparations

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Ear preparations	Dexamethasone/framycetin/ Gramicidin ear drops (Sofradex®) Triamcinolone/nystatin/ Gramicidin/neomycin oint (Kenacomb®) Ciprofloxacin 0.3% Ear Drops	Rhinocort® nasal spray

<sup>1</sup> Ammended/Added August 2006

<sup>2</sup> Ammended/Added May 2007

## Eye Preparations

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Anti-infectives	Chloramphenicol (drops & ointment) Ciprofloxacin (0.3% eye drops)	Aciclovir (3% eye ointment)
Glaucoma	Latanoprost (0.005% eyedrops) Timolol (0.5% eyedrops)	
Lubricants	Polytears®	Viscotears®
Others	Fluorescein (1% eye drop) Prednefrin Forte® (eyedrops) Phenylephrine (2.5% eye drop) Tropicamide (1% eye drop)	

## Vitamins/supplements

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Vitamins/supplements	Calcium carbonate tab (600mg) Ferro-f-tablets® Ferro-liquid® elixir Ferrum H® injection Folic acid (0.5mg) Hydroxocobalamin (Neo-cytamen® inj) Magmin® Potassium chloride (600mg tab) Sodibic® Caps Thiamine (100mg tab)	Folic acid (5mg) Vitamin K 10mg (tab)

## Dermatologicals

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Topical Corticosteroids	Hydrocortisone (1% cream, oint)	Betamethasone valerate (0.02% cream, oint. 100g) Betamethasone valerate (0.05% cream, 30g) Mometasone scalp lotion
Others		Calcipotriol (50mcg/g cream) lonil-T® (2% salicylic acid and 5% coal tar)

## Immunosuppressants

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Immunosuppressants	Prednisolone (5mg, 25mg tab, 5mg/mL liquid)	Azathioprine (50mg tab) Prednisolone (1mg tab)

Amended/Added August 2006

Amended/Added May 2007

## Smoking Cessation Therapy

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Oral Therapy	Bupropion (150mg tab)	
Transdermal Therapy	Nicotine 24 hr patch (7mg, 14mg, 21mg)	

## Antihistamines

CLASS	ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
Antihistamines	,Promethazine (10mg tabs) Promethazine (5mg/5ml liquid)	

<sup>1</sup>Amended/Added August 2006

<sup>2</sup>Amended/Added May 2007

# EMERGENCY DRUG LIST

ESSENTIAL DRUG LIST	SUPPLEMENTARY DRUG LIST
<p>Adrenaline 1:1000 inj                      Aspirin 300mg disp tab                      Atropine 600mcg/mL inj                      Benztropine 2mg/2ml inj                      Betamethasone 5.7mg/mL inj                      Calcium gluconate 10% inj                      Ceftriaxone ,500mg &amp; Ig inj                      Charcoal, activated (without sorbitol) 50g (300mL)                      Dextrose 50% 50mL inj                      Digoxin 0.5mg/2mL inj                      Flucloxacillin 1g inj                      Flumazenil 0.5mg/5mL                      Frusemide 20mg/2mL inj                      Gentamicin 80mg/2mL                      Glucagon pen                      GTN spray 400mcg                      GTN patch 5mg                      Haloperidol 5mg/mL inj                      Hydrocortisone 100mg powder for injection                      Indomethacin supp 100mg                      Heparin 5000IU/mL                      Ipratropium neb 500mcg                      Midazolam 5mg/mL inj                      Metoclopramide 10mg/2mL                      Morphine 10mg/mL inj*                      Naloxone 400mcg/mL inj                      Nifedipine 20mg tab                      Olanzapine wafer 10mg                      Paracetamol supp 125mg                      Phytomenadione 2mg/0.2ml                      Phenobarbitone 200mg/ml inj                      Promethazine 50mg/2mL inj                      Salbutamol neb 5mg/2.5mL                      Salbutamol Obstetric 5mg/5ml inj                      Sodium Chloride with Glucose (0.45% &amp; 2.5%) 500mL                      Sodium chloride 0.9% 10mL inj                      Sodium chloride 0.9% 500ml                      Sumatriptan nasal spray 20mg/0.1mL                      Syntocinon 10 IU inj                      SSD cream 1%</p>	<p>Bupivacaine 0.5% (Coastal communities - marine envenomations)                      Vancomycin 500mg inj (peritonitis in patients on CAPD)</p>

\* Must be ordered by prescription

, Ammended/Added August 2006  
 , Ammended/Added May 2007

© Kimberley Aboriginal Medical Services Council (KAMSC) and WA Country Health Service (WACHS) Kimberley

# VACCINES AND NON-PRESCRIPTION MEDICINES

## Vaccines

Adult Diphtheria & Tetanus (ADT®)  
BCG  
DTPa, Hepatitis B and Polio (Infanrix Penta®)  
DTPa, Hepatitis B, Polio, Hib (Infanrix Hexa®)  
DTPa - IPV (Infanrix-IPV)  
Group C Meningococcal Conjugate vaccine (Neisvac-C®)  
Hep A Paediatric (VAQTA®)  
Hepatitis B Adult (HB-Vax®)  
Hep B Paed Vaccine  
Human Papillomavirus (Gardasil ® )  
Influenza (Fluarix®)  
Measles-Mumps-Rubella vaccine (Priorix®)  
Pneumococcal 23 (Pneumovax®)  
Rotavirus Vaccine (Rotarix ®)  
7 valent pneumococcal (Prevenar®)  
Varicella Zoster (Varilix®)

## Non-Prescription Medicines

Calamine lotion  
Cerumol®  
Cetomacrogol cream (Sorbolene cream)  
Ichthammol  
Oil of Cloves  
Linsal®  
Magnoplasm®  
Multivitamin  
Povidone iodine 10% antiseptic solution  
Proctosedyl® ointment  
Senega and ammonia mixture  
SM33 gel  
Sodium chloride nasal spray  
Ural®  
Vicks Vapour rub  
Zinc and castor oil cream



# DRUG TRANSFER PROTOCOLS

Drug Transfer Protocols have been included as a guide only and require that users exercise independent professional judgment, at all times.

The drug transfer protocols represent the consensus of the Standard Drug List working party and while every effort has been made to ensure information is in accordance with current recommendations, there may be sound clinical reasons for alternative dose transfers.

All alterations in drug therapy are ultimately at the discretion of the Local Medical Officers.

All drug transfers should be accompanied with appropriate monitoring of clinical response and tolerability. Suggested monitoring has been provided for each class. However, in the presence of different drug therapies and health conditions, more stringent monitoring requirements may apply.

Medication management is a dynamic process and as drug information continues to expand, recommendations and guidelines will also change. Professional judgment in the context of current clinical practice is recommended.

# DRUG TRANSFER PROTOCOLS

## Switching Ace-inhibitors

Change to → Change from ↓	Enalapril (Once daily dosing)	Quinapril (Once daily dosing)	Ramipril (Once daily dosing)
<b>Captopril</b>			
Captopril 12.5mg daily	Enalapril 2.5mg <sup>1</sup>	Quinapril 2.5mg	Ramipril 1.25mg
Captopril 25mg daily	Enalapril 5mg <sup>1</sup>	Quinapril 5mg	Ramipril 1.25-2.5mg
Captopril 50mg daily	Enalapril 7.5mg <sup>1</sup>	Quinapril 10mg	Ramipril 2.5-5mg
Captopril 100mg daily	Enalapril 20mg <sup>1</sup>	Quinapril 20mg	Ramipril 5-10mg <sup>2</sup>
Captopril 150mg daily	Enalapril 40mg	Quinapril 40mg	Ramipril 10mg
<b>Fosinopril</b>			
Fosinopril 5mg daily	Enalapril 5mg	Quinapril 5mg	Ramipril 1.25mg
Fosinopril 10mg daily	Enalapril 10mg	Quinapril 10mg	Ramipril 2.5mg
Fosinopril 20mg daily	Enalapril 20mg	Quinapril 20mg	Ramipril 5mg
Fosinopril 40mg daily	Enalapril 40mg	Quinapril 40mg	Ramipril 10mg
<b>Lisinopril</b>			
Lisinopril 5mg daily	Enalapril 5mg	Quinapril 5mg	Ramipril 1.25mg
Lisinopril 10mg daily	Enalapril 10mg	Quinapril 10mg	Ramipril 2.5mg
Lisinopril 20mg daily	Enalapril 20mg	Quinapril 20mg	Ramipril 5mg
Lisinopril 40mg	Enalapril 40mg	Quinapril 40mg	Ramipril 10mg
<b>Perindopril</b>			
Perindopril 2mg daily	Enalapril 5-10mg	Quinapril 5-10mg	Ramipril 2.5mg
Perindopril 4mg daily	Enalapril 10mg-20mg	Quinapril 10mg-20mg	Ramipril 5mg
Perindopril 8mg daily	Enalapril 20-40mg	Quinapril 20-40mg	Ramipril 10mg
<b>Trandolapril</b>			
Trandolapril 0.5mg d	Enalapril 5mg	Quinapril 5mg	Ramipril 1.25mg
Trandolapril 1mg daily	Enalapril 10mg	Quinapril 10mg	Ramipril 2.5mg
Trandolapril 2mg daily	Enalapril 20mg	Quinapril 20mg	Ramipril 5mg
Trandolapril 4mg daily	Enalapril 40mg	Quinapril 40mg	Ramipril 10mg

There are few studies comparing equivalent doses of ACE-inhibitors, for specific indications. Therefore, the above recommendations are based on clinical experiences and are not specific for any indication.

1: Doses have been rounded to nearest convenient dose form. A dose equivalency between enalapril:captopril of 1:7.5 is suggested for the treatment of hypertension. (Micromedex Healthcare series, Vol 119)

2: Ramipril 5-10mg daily is considered equivalent to Captopril 50mg bd for the treatment of hypertension (Micromedex Healthcare series, Vol 119)

## Monitoring requirements when switching ACE-inhibitors

- Serum Potassium levels
- Renal function (Creatinine clearance)
- Blood pressure
- Care should be taken in patients on diuretic therapy (monitor for hypotension).

## Dosage range for ACE-Inhibitors<sup>3</sup>

Captopril	12.5 – 150mg daily (in 2 or 3 divided doses)
Enalapril	2.5 – 40mg daily
Fosinopril	5 – 40mg daily
Lisinopril	2.5 – 40mg daily
Perindopril	2 – 8 mg daily
Quinapril	2.5 – 40mg daily
Ramipril	1.25 – 10mg daily
Trandolapril	0.5 – 4mg daily

**ALWAYS INITIATE THERAPY WITH LOW DOSE**

3. Cardiovascular Therapeutic Guidelines, 2003.

# DRUG TRANSFER PROTOCOLS

## Switching All-Antagonists

Change to → Change from ↓	Irbesartan (Once daily doses)
<b>Candesartan</b>	
Candesartan 4mg daily	Irbesartan 75mg
Candesartan 8mg daily	Irbesartan 150mg
Candesartan 16mg daily	Irbesartan 300mg
<b>Eprosartan</b>	
Eprosartan 400mg daily	Irbesartan 75mg
Eprosartan 600mg daily	Irbesartan 150mg
Eprosartan 800mg daily	Irbesartan 300mg
<b>Losartan</b>	
Losartan 50mg daily	Irbesartan 75mg
Losartan 100mg daily	Irbesartan 150mg <sup>4</sup>
<b>Telmisartan</b>	
Telmisartan 40mg daily	Irbesartan 150mg
Telmisartan 80mg daily	Irbesartan 300mg

There are few studies to compare equivalent doses of All-Antagonists, for specific indications. Therefore, the above recommendations are based on clinical experiences and are not specific for any indication.

## Monitoring requirements when switching All-Antagonists

- Serum Potassium levels
- Renal function (Creatinine clearance)
- Blood pressure

## Dosage range<sup>5</sup>

Candesartan	8 – 16mg daily
Eprosartan	400-800mg daily
Irbesartan	75mg-300mg daily
Losartan	25mg-100mg daily
Telmisartan	20-80mg daily

4: One study has shown irbesartan 300mg once daily to be superior to both irbesartan 150mg and losartan 100mg, once daily while the later 2 treatments did not differ in response (Micromedex Healthcare series, Vol 119).

5: Comparative Dosage Table – Angiotensin II Receptor Antagonists (Micromedex Healthcare series, Vol 119)

## Switching Calcium channel blockers

Change to → Change from ↓	Amlodipine (Once daily doses)	Nifedipine oros (Once daily doses)
<b>Felodipine</b>		
Felodipine 2.5mg daily	Amlodipine 2.5mg	
Felodipine 5mg daily	Amlodipine 5mg	Nifedipine oros 30mg daily
Felodipine 10mg daily	Amlodipine 10mg	Nifedipine oros 60mg daily
<b>Lercanidipine</b>		
Lercanidipine 10mg	Amlodipine 5mg	Nifedipine oros 30mg daily
Lercanidipine 20mg	Amlodipine 10mg	Nifedipine oros 60mg daily

There are few studies to compare equivalent doses of calcium channel blockers, for specific indications. Therefore, the above recommendations are based on clinical experiences and are not specific for any indication.

## Monitoring requirements when switching calcium channel blockers

- Blood pressure
- Monitor for peripheral oedema

NB: Amlodipine has a comparatively slower onset of action.

## Dosage range

Amlodipine	2.5-10mg daily
Felodipine	2.5-10mg daily
Lercanidipine	10-20mg daily

# DRUG TRANSFER PROTOCOLS

## Switching Statins

Change to → Change from ↓	Simvastatin	Atorvastatin
<b>Pravastatin</b>		
Pravastatin 10mg daily	Simvastatin 10mg daily	Atorvastatin 10mg daily
Pravastatin 10mg – 20mg daily	Simvastatin 20mg daily	Atorvastatin 20mg daily
Pravastatin 20mg daily	Simvastatin 40mg daily	Atorvastatin 40mg daily
Pravastatin 40mg daily	Simvastatin 80mg daily	Atorvastatin 80mg daily
<b>Fluvastatin</b>		
Fluvastatin 20mg daily	Simvastatin 10mg-20mg daily	Atorvastatin 10mg - 20mg daily
Fluvastatin 40mg daily	Simvastatin 20mg-40mg daily	Atorvastatin 20mg - 40mg daily
Fluvastatin 80mg daily	Simvastatin 80mg daily	Atorvastatin 80 mg daily

This conversion chart is based on recommended statin doses for the treatment of hypercholesterolemia and does not take into account variants within the lipid profile.

## Monitoring requirements when switching Statins

- Liver functions tests (ALT, AST) before switching therapy, at 1 month and then if no alterations, continue monitoring 6 monthly.
- Creatine kinase (CK). In patients who are also taking a fibrate, CK should be monitored as per the Lipid Management Guidelines 2001 (with the 1st 6 weeks and then at 6-monthly intervals).
- Lipid profile.
- Symptomatic monitoring: myalgia, myopathy.
- INR in patients on warfarin (Simvastatins may increase the INR).

## Dosage range

Atorvastatin	10mg-80mg daily
Fluvastatin	20mg-80mg daily
Pravastatin	10mg-40mg daily
Simvastatin	10mg-80mg daily

## Switching Sulphonylureas

Change to → Change from ↓	Gliclazide 80mg	Gliclazide MR 30mg*
<b>Glibenclamide</b>		
Glibenclamide 2.5mg bd	Gliclazide 40mg bd	Gliclazide MR 30mg daily
Glibenclamide 5mg bd	Gliclazide 80mg bd	Gliclazide MR 60mg daily
Glibenclamide 10mg bd	Gliclazide 160mg bd	Gliclazide MR 120mg daily
<b>Glimepiride</b>		
Glimepiride 1mg daily	Gliclazide 40mg bd	Gliclazide MR 30mg daily
Glimepiride 2mg daily	Gliclazide 80mg bd	Gliclazide MR 60mg daily
Glimepiride 3mg daily	Gliclazide 120mg bd	Gliclazide MR 90mg daily
Glimepiride 4mg daily	Gliclazide 160mg bd	Gliclazide MR 120mg daily
<b>Glipizide</b>		
Glipizide 5mg bd	Gliclazide 40mg bd	Gliclazide MR 30mg daily
Glipizide 10mg bd	Gliclazide 80mg bd	Gliclazide MR 60mg daily
Glipizide 20mg bd	Gliclazide 160mg bd	Gliclazide MR 120mg

\* One 80mg Gliclazide tablet is equivalent to one 30mg Gliclazide MR tablet.

## Monitoring requirements when switching sulphonylureas

- BSL
- HbA1c
- Monitor for symptoms of hypoglycaemia (tremor, sweating, intense hunger, light-headedness)
- Weight gain

## Dosage range

Glibenclamide	2.5-20mg daily in 2 divided doses
Gliclazide	40-320mg daily in 2 divided doses
Gliclazide MR	30-120mg daily
Glimepiride	1-4mg daily
Glipizide	5-40mg daily in 2 divided doses

# DRUG TRANSFER PROTOCOLS

## Switching Proton-pump inhibitors

Change to → Change from ↓	Omeprazole (once daily)
<b>Esomeprazole<sup>7</sup></b>	
20mg daily	20mg daily
40mg daily	40mg daily
<b>Lansoprazole</b>	
15mg daily	10mg daily
30mg daily	20mg daily
<b>Pantoprazole</b>	
20mg daily	10mg daily
40mg daily	20mg daily
<b>Rabeprazole</b>	
10mg daily	10mg daily
20mg daily	20mg daily

There is limited literature on equivalent doses of proton pump inhibitors. This table is an estimate of comparative doses and therefore, appropriate monitoring should accompany any switch in proton pump inhibitor.

## Monitoring requirements when switching proton pump inhibitors

- Omeprazole is an inhibitor of Cytochrome P450 and can therefore interact with the following drugs<sup>8</sup>:
  - WARFARIN:** increased warfarin levels. Monitor INR.
  - PHENYTOIN:** increased phenytoin concentration. Monitor phenytoin concentrations.
  - BENZODIAZEPINES:** increased benzodiazepine concentrations. Monitor benzodiazepine effect.
- Monitor clinical response.

## Dosage range

Esomeprazole	20mg – 40mg daily
Lansoprazole	15mg – 60mg daily
Omeprazole	10mg – 40mg daily
Pantoprazole	20mg – 40mg daily
Rabeprazole	20mg – 40mg daily

<sup>7</sup>: Acid suppression studies show that esomeprazole has superior efficacy to omeprazole.

<sup>8</sup>: Australian Medicines Handbook. 2000.

## Switching Contraceptives

Monofeme® (30mcg ethinyloestradiol & 150mcg levonorgestrel) is the combined oral contraceptive of choice in the Kimberley.

### Changing from another combined oral contraceptive to Monofeme®<sup>13</sup>

Women changing from another combined oral contraceptive product should start Monofeme 28 on the day after the last active tablet of her previous combined oral contraceptive, by taking the first tablet corresponding to that day of the week from the shaded section of the package. This will shorten the last cycle of the previous combined oral contraceptive, and may prevent or reduce withdrawal bleeding at the end of that cycle. The first cycle with Monofeme 28 may also be shorter.

During the first Monofeme 28 cycle, a nonhormonal backup method of contraception (other than the rhythm or temperature methods) should be used until one active tablet has been taken daily for seven consecutive days.

If transient spotting or breakthrough bleeding occurs, the woman is instructed to continue the regimen since such bleeding is usually without significance. If the bleeding is persistent or prolonged, the woman is advised to consult her doctor.

### Changing from a progesterone only method (tablet, injection, implant) to Monofeme®<sup>14</sup>

Women may switch any day from the progestogen only tablet and should begin Monofeme 28 the next day. She should start Monofeme 28 on the day of an implant removal or, if using an injection, the day the next injection would be due. In all these situations, women should be advised to use a nonhormonal backup method of contraception (other than the rhythm or temperature methods) until one active tablet has been taken daily for seven consecutive days.

13: EMIMS Australia (1st February 2004 – 30th April 2004).

# DRUG TRANSFER PROTOCOLS

## Switching inhaled corticosteroids

Change to → Change from ↓	Fluticasone (Total Daily dose)
<b>Beclomethasone (CFC containing): Becotide®, Becloforte®</b>	
200-250mcg	100mcg
400-500mcg	200-250mcg
800-1000mcg	400-450mcg
1200-1500mcg	600-750mcg
1600-2000mcg	1000mcg
<b>Beclomethasone (CFC-free)<sup>14</sup>: QVAR®</b>	
100mcg	100mcg
200mcg	200-250mcg
400mcg	400-450mcg
600mcg	600-750mcg
800mcg	1000mcg
<b>Budesonide<sup>15</sup></b>	
200mcg daily	100mcg
400mcg	200-250mcg
800mcg	400-450mcg

NB: This table has been modified from QVAR® Product information (EMIMS Exp Apr 04).

Fluticasone has been included on the essential drug list in both the accuhaler dose form and the metered dose inhaler.

## Monitoring requirements for patients transferring to fluticasone

- Monitor inhaler technique, particularly if a new device is being introduced.
- Clinical response to therapy (symptom severity, PEF).
- Usage rates of reliever medication.

14: CFC-free preparations are now the only preparations of beclomethasone available on the market and the PBS. CFC-free preparations of beclomethasone (QVAR®) are considered more potent than CFC-containing preparations (Becotide®, Becloforte®). 15: Fluticasone has approximately twice the potency of budesonide (Asthma Management Handbook 2002).

## Dosage range

	Fluticasone	Budesonide	Beclomethasone
Mild asthma	100-250mcg bd		
Moderate asthma	250mcg bd	100-400mcg bd	50-200mcg bd
Severe asthma	500mcg bd	up to 800mcg daily	up to 400mcg bd

# DRUG TRANSFER PROTOCOLS

## Anticoagulants

There are two brands of warfarin on the market and they are:

- Coumadin® (1mg, 2mg, 5mg)
- Marevan® (1mg, 3mg, 5mg)

These brands are not considered bioequivalent and therefore should not be used interchangeably.

**Marevan® is the brand that is has been included on the essential drug list and therefore should be stocked in the clinic.**

Transferring patients from Coumadin® to Marevan®:

- The dose transfer is 1mg Coumadin®:1mg Marevan®.
- Clinicians should check INR one week after transfer and subsequently, as required, to achieve appropriate INR.

When considering the use of warfarin, the following issues should be considered:

- Warfarin has a delayed onset of action and peak effect of a dose is not seen for 2-3 days.
- Coumadin® and Marevan® tablets are different in appearance and colour and therefore may cause patient and clinician confusion.
- Many drugs interact with warfarin and continued care with drug combinations is recommended.

## Anticoagulants

Coumadin®16	Marevan®
 <p data-bbox="277 580 432 603">Coumadin 1mg (Brown)</p>	 <p data-bbox="770 569 913 592">Marevan 1mg (Brown)</p>
 <p data-bbox="277 847 432 869">Coumadin 2mg (Mauve)</p>	 <p data-bbox="773 847 902 869">Marevan 3mg (Blue)</p>
 <p data-bbox="277 1123 432 1145">Coumadin 5mg (Green)</p>	 <p data-bbox="773 1123 908 1145">Marevan 5mg (Pink)</p>

# DRUG TRANSFER PROTOCOLS

## Psychotropic Prescribing Guidelines

The Standard Drug List provides clinicians with a guide to the availability of medicines in the Kimberley and has been designed to ensure best practice care is available to as many Kimberley residents as possible.

There are a number of factors to consider when managing psychotropic therapy:

### 1) Initiating psychotropic therapy:

The KSDL committee recommends new patients are started on psychotropic drugs listed in the KSDL.

### 2) Contraindicated or unsuccessful treatment with KSDL therapies:

If all agents from the KSDL have been tried successfully, other agents may be prescribed.

### 3) Continuing established psychotropic therapy:

In contrast to all other drugs in the KSDL, switching psychotropics may not be appropriate for stabilised patients. Although there is little variability in efficacy between drugs within a class, individual patient responses may vary. Therefore if a patient has shown improvement and is stable on a certain agent, clinical judgement should be exercised before changes are made. Factors such as the severity of illness should be considered.

### 4) Supply arrangements:

Where patients are to remain on psychotropic medications that are not on the KSDL, providing support with prescription supply may be required. For some patients, this may mean the health service provides assistance with prescription co-payments.

When making decisions about the prescribing psychotropic therapy, clinicians should consider the following:

- Clinical response to previous therapy
- Concurrent medical and psychiatric illnesses
- Patient acceptability
- Patient tolerability of prior treatment
- Drug interaction potential
- Side effect profile
- Patient compliance
- Dependence and tolerance
- Long term treatment plan for patient.

Consultation with North West Mental Health clinicians is welcomed.

Contact details -      Broome Office:      (08) 9192 3322  
                                 Derby Office:        (08) 9193 1633  
                                 Kununurra Office:   (08) 9168 3055

## Psychotropic Prescribing Guidelines

Change to → Change from ↓	Citalopram	Venlafaxine
Fluoxetine <sup>10</sup>	Cease fluoxetine for 1 week prior to commencing citalopram. Tapering of fluoxetine dose is required prior to cessation.	Cease fluoxetine for 1 week prior to commencing venlafaxine. Tapering of fluoxetine dose is required prior to cessation.
Citalopram, fluvoxamine, paroxetine, sertraline, nefazodone, mianserin, mirtazepine	Cease 2-4 days prior to commencing citalopram.	Cease 2-4 days prior to commencing venlafaxine.
TCA's <sup>11</sup>	Cease TCA 2-4 days prior to commencing citalopram. <sup>11</sup>	Cease TCA 2-4 days prior to commencing venlafaxine. <sup>11</sup>
Moclobemide	Cease moclobemide 1-2 days prior to commencing citalopram. <sup>12</sup>	Cease moclobemide 1-2 days prior to commencing venlafaxine. <sup>12</sup>
Reboxetine	Cease reboxetine 1-2 days prior to commencing citalopram.	Cease reboxetine 1-2 days prior to commencing venlafaxine.
Venlafaxine	Cease venlafaxine 1-2 days prior to commencing citalopram.	-
Irreversible nonselective MAOI	Cease 2 weeks prior to commencing citalopram.	Cease 2 weeks prior to commencing venlafaxine.

Note: The risk of adverse effects needs to be weighed against the risk of undue delay in each individual case.

This table has been adapted from 'Antidepressant-free intervals recommended when changing from one antidepressant to another' (Psychotropic Therapeutic Guidelines, 2003).

10: Fluoxetine has a longer half-life than other SSRIs, leading to meaningful levels of fluoxetine or its active metabolite being present for about 5 weeks after cessation.

11: TCA concentrations may be elevated for at least several weeks due to persisting SSRI-induced cytochrome P450 inhibition.

# DRUG TRANSFER PROTOCOLS

## Monitoring requirements when changing antidepressants

1) The wash out period between antidepressants is required to avoid serotonin syndrome. Serotonin syndrome is described as a toxic state caused mainly by excess serotonin within the central nervous system and is nearly always caused by a drug interaction involving 2 or more serotonergic drugs (see below).<sup>12</sup>

Symptoms of serotonin syndrome include:

- Abdominal cramps
- Agitation
- Diarrhoea
- Myoclonus
- Tremulousness
- Coma
- Tachycardia
- Hypotension
- Confusion
- Disorientation
- Profuse sweating
- Hyperpyrexia

Patients should be encouraged to report any of these symptoms.

2) Choice of antidepressant medication should be made on the basis of individual patient acceptability, clinical response, prior drug responses and tolerability and individual drug side effect profile.

3) Citalopram and Venlafaxine are weak inhibitors of CYP2D6. Care should be taken when initiating citalopram or venlafaxine in the presence of drugs that are metabolized by CYP2D6.

12: Hall, M. Serotonin Syndrome. *Aust Prescr* 2003;26(3):62-3. 13 EMIMS Australia (1st February 2004 – 30th April 2004).

## Footnotes

- 1 Doses have been rounded to nearest convenient dose form. A dose equivalency between enalapril:captopril of 1:7.5 is suggested for the treatment of hypertension. (Micromedex Healthcare series, Vol 119).
- 2 Ramipril 5-10mg daily is considered equivalent to Captopril 50mg bd for the treatment of hypertension (Micromedex Healthcare series, Vol 119).
- 3 Cardiovascular Therapeutic Guidelines, 2003.
- 4 One study has shown irbesartan 300mg once daily to be superior to both irbesartan 150mg and losartan 100mg, once daily while the later 2 treatments did not differ in response (Micromedex Healthcare series, Vol 119).
- 5 Comparative Dosage Table – Angiotensin II Receptor Antagonists (Micromedex Healthcare series, Vol 119).
- 6 Australian Medicines Handbook, 2000.
- 7 Acid suppression studies show that esomeprazole has superior efficacy to omeprazole.
- 8 Australian Medicines Handbook, 2000.
- 9 WADTC. Rationale for Antipsychotic Drug Guidelines.
- 10 Fluoxetine has a longer half-life than other SSRIs, leading to meaningful levels of fluoxetine or its active metabolite being present for about 5 weeks after cessation.
- 11 TCA concentrations may be elevated for at least several weeks due to persisting SSRI-induced cytochrome P450 inhibition.
- 12 Hall, M. Serotonin Syndrome. Aust Prescr 2003;26(3):62-3.
- 14 CFC-free preparations are now the only preparations of beclomethasone available on the market and the PBS. CFC-free preparations of beclomethasone (QVAR®) are considered more potent than CFC-containing preparations (Becotide®, Becloforte®).
- 15 Fluticasone has approximately twice the potency of budesonide (Asthma Management Handbook 2002).
- 16 MIMS Australia (1st February 2004 – 30th April 2004).