

**Doncaster and Bassetlaw Hospital NHS Foundation Trust**  
**Drug and Therapeutics Committee**  
**Formulary Guidance - Therapeutic Substitution Policy**

Therapeutic substitution is a pharmacist-initiated act by which a therapeutic alternative for the prescribed medicine is dispensed or supplied without consulting the prescriber. This denotes replacement of the prescribed medicine with a different medicine or formulation within the same therapeutic category.

The rationale for the policy is to reduce the incidence of being unable to supply or administer a non-formulary medicine. All therapeutic substitutions will be approved in advance by the Trust Drug and Therapeutics Committee.

This policy enables the pharmacists:

1. To authorise the supply of the therapeutic substitute to outpatients.
2. To delete an existing non-formulary medicine order and create a new order for the therapeutic substitute for an inpatient supply or a supply at discharge.

Where a pharmacist makes a therapeutic substitution the pharmacist will:

1. Ensure the patient or their representative is counselled so the patient understands the reason for the change.
2. For an outpatient, record on the outpatient prescription the change in preparation.
3. For an inpatient or discharge paper prescription, strike through the existing order and write on the prescription 'Formulary Substitution'. Create a new order with the therapeutic substitute.
4. For an inpatient or discharge electronic prescription delete the existing order with a discontinuation reason of 'Formulary Substitution'. Create a new order for the therapeutic substitute and attach a Clinical Pharmacy Note indicating a 'Formulary Substitution'.

Medicines considered suitable are listed in appendix 1 which will be maintained by the Drug and Therapeutics Committee.

This policy is subject to continual review based on current and future NHS medicine contracts to ensure the policy represents value for money for the NHS.

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Approved by Drug and Therapeutics Committee: September 2026

Review Date: September 2029

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**Appendix 1 – List of medicines approved for therapeutic substitution**

| Non Formulary Medicine                                                                                                                        | Dose             | Indication                                                                                                 | Formulary Therapeutic Substitute                           | Dose             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------|
| <b>Inflammatory Bowel Disease: Aminosalicylates</b>                                                                                           |                  |                                                                                                            |                                                            |                  |
| Asacol (Mesalazine) MR<br>( <i>not stocked in DBTH pharmacies</i> )                                                                           | Up to 4.8g daily | Treatment of mild to moderate UC, acute attack; or Maintenance of remission of UC and Crohn's ileo-colitis | Octasa (Mesalazine) MR                                     | Up to 4.8g daily |
| <b>Corticosteroids</b>                                                                                                                        |                  |                                                                                                            |                                                            |                  |
| Prednisolone 5mg EC Tablets<br>Prednisolone 5mg Soluble Tablets<br>Prednisolone 2.5mg EC Tablets<br>( <i>not stocked in DBTH pharmacies</i> ) | Up to 60mg daily | Various                                                                                                    | Prednisolone 5mg Tablets<br><br>Prednisolone 2.5mg Tablets | Up to 60mg daily |

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| Low Molecular Weight Heparins                                                               |                                                                      |                                                                                                        |                                                                                                                                     |                                                                    |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Tinzaparin (various strengths)<br>Dalteparin (various strengths)                            | For appropriate dosing, see BNF section 2/enoxaparin dosing tables   | Treatment and Prophylaxis of VTE                                                                       | Enoxaparin (various strengths)<br><br>Note: do not switch if allergic to enoxaparin, consult haematology for further advice         | For appropriate dosing, see BNF section 2/enoxaparin dosing tables |
| Perindopril Arginine                                                                        |                                                                      |                                                                                                        |                                                                                                                                     |                                                                    |
| Perindopril arginine 2.5mg, 5mg and 10mg Tablets<br><i>(not stocked in DBTH pharmacies)</i> | 5mg daily (2.5mg in the elderly; increased up to 10mg, if necessary) | Hypertension, BPH                                                                                      | Perindopril erbumine 2mg, 4mg and 8mg Tablets                                                                                       | 1-4mg daily (increased up to 16mg, if necessary)                   |
| Indapamide 1.25mg and Perindopril arginine 5mg<br><i>(not stocked in DBTH pharmacies)</i>   | One tablet in the morning                                            | Hypertension                                                                                           | Indapamide 1.5mg MR Tablet plus Perindopril erbumine 4mg Tablet (individual components)                                             | One (of each tablet) in the morning                                |
| Opioids                                                                                     |                                                                      |                                                                                                        |                                                                                                                                     |                                                                    |
| MST (Morphine) MR Tablets<br><i>(not stocked in DBTH pharmacies)</i>                        | Various                                                              | Various<br><br>Note: CD prescriptions will need amending by the prescriber to correct the form stated. | Zomorph (morphine) MR Capsules<br><br>Zomorph 5mg MR Capsules are not available and therefore this strength should not be switched. | Various                                                            |

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| <b>Calcium and Vitamin D Deficiency</b>                                                                                                         |                                                                   |                                                              |                                                    |                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| Accrete D3 Tablets<br>Adcal D3<br>Calceos Tablets<br>Calcichew D3 Forte Tablets<br>Evocal D3 Tablets<br><i>(not stocked in DBTH pharmacies)</i> | Dose varies but provides similar amounts of calcium and vitamin D | Treatment or prophylaxis of calcium and vitamin D deficiency | Calci D Tablets                                    | 1 tablet daily                                       |
| <b>Magnesium Deficiency</b>                                                                                                                     |                                                                   |                                                              |                                                    |                                                      |
| Magnesium Glycerophosphate 4mmol tablets<br><i>(not stocked in DBTH pharmacies)</i>                                                             | Various (usual treatment dose = 2 capsules TDS for 3/7)           | Hypomagnesaemia                                              | Magnesium aspartate 10mmol sachets (Magnaspartate) | Various (usual treatment dose = 1 sachet BD for 3/7) |
| <b>Rubefacients and other topical antirheumatics</b>                                                                                            |                                                                   |                                                              |                                                    |                                                      |
| Topical NSAIDs Gel or Cream other than Ibuprofen Gel 5%<br><i>(not stocked in DBTH pharmacies)</i>                                              | Various                                                           | Musculoskeletal pain                                         | Ibuprofen Gel 5%                                   | Up to three times a day                              |

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| <b>Skeletal Muscle Relaxants</b>                                                                              |                                              |                                                                     |                                              |                                              |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| Quinine Sulphate 300mg Tablets<br>Quinine Bisulphate 300mg Tablets<br><i>(not stocked in DBTH pharmacies)</i> | 300mg at night                               | Nocturnal Leg Cramps                                                | Quinine Sulphate 200mg                       | 200mg at night                               |
| <b>Non-Steroidal Anti-Inflammatory Drugs</b>                                                                  |                                              |                                                                     |                                              |                                              |
| Diclofenac 25mg and 50mg Tablets<br><i>(not stocked in DBTH pharmacies)</i>                                   | Various                                      | Pain and Inflammation                                               | Ibuprofen 400mg tablets                      | 400mg TDS                                    |
| <b>Aspirin EC</b>                                                                                             |                                              |                                                                     |                                              |                                              |
| Aspirin EC 75mg Tablets<br><i>(not stocked in DBTH pharmacies)</i>                                            | 75mg once daily                              | Cardiovascular disease (secondary prevention) and other indications | Aspirin dispersible 75mg tablets             | 75mg once daily                              |
| <b>Isosorbide Dinitrate</b>                                                                                   |                                              |                                                                     |                                              |                                              |
| Isosorbide Dinitrate 10mg and 20mg Tablets<br><i>(not stocked in DBTH pharmacies)</i>                         | Up to 40mg twice daily (morning & lunchtime) | Prophylaxis of angina, adjunct in congestive heart failure          | Isosorbide Mononitrate 10mg and 20mg Tablets | Up to 40mg twice daily (morning & lunchtime) |

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| <b>Disorders of Bone Metabolism</b>                                                                                                                                                                        |                                                     |                                                                                |                                                                                               |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Pamidronate Sodium 30mg Injection (note: do not switch if CrCl >30ml/min – see renal handbook if further info required; or in paediatrics)                                                                 | 15-60mg                                             | Hypercalcaemia of Malignancy                                                   | Zolendronic Acid 4mg Injection                                                                | 4mg                                                 |
| <b>Vitamin D Deficiency</b>                                                                                                                                                                                |                                                     |                                                                                |                                                                                               |                                                     |
| Colecalciferol 1000unit (25microgram) Tablet<br>Colecalciferol 20000unit (500microgram) Tablet<br><i>(not stocked in DBTH pharmacies)</i>                                                                  | One tablet daily<br>300,000IU over<br>6 to 10 weeks | Vitamin D Deficiency<br><br>Vitamin D Deficiency                               | Colecalciferol 800unit (20microgram) Tablet<br>Colecalciferol 25000unit (625microgram) Tablet | One tablet daily<br>300,000IU over<br>6 to 10 weeks |
| <b>Nicotine Replacement Therapy</b>                                                                                                                                                                        |                                                     |                                                                                |                                                                                               |                                                     |
| Nicorette Patch 15mg<br>Nicorette Patch 10mg<br>Nicorette Patch 5mg<br><i>(not stocked in DBTH pharmacies)</i><br>(nb. Nicorette Invisi is the formulary choice in pregnant ladies/should not be switched) | Apply in the morning,<br>Remove at night            | Smoking Cessation – see <a href="#">formulary guidance</a> for further details | Nicotinell Patch 21mg<br>Nicotinell Patch 14mg<br>Nicotinell Patch 7mg                        | Apply in the morning,<br>Remove at night            |

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|-------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| <b>Dipyridamole (all preparations)</b>                                                    |                                               |                                                                                       |                                    |                                                  |
| Dipyridamole 200mg MR caps<br>Dipyridamole 100mg tablets<br>Dipyridamole 50mg/5ml liquid  | Various                                       | Antiplatelet drugs                                                                    | Clopidogrel 75mg tablets           | 75mg once daily                                  |
| <b>Dry and Scaling Skin Disorders</b>                                                     |                                               |                                                                                       |                                    |                                                  |
| Emollient Creams and Ointments, paraffin-containing e.g. Oilatum, E45, Diprobase          | Apply as required                             | Dry Skin Conditions                                                                   | Zerobase Cream                     | Apply as required                                |
| <b>Compound haemorrhoidal preparations with corticosteroids</b>                           |                                               |                                                                                       |                                    |                                                  |
| Proctosedyl Ointment<br>Scheriproct Ointment<br>( <i>not stocked in DBTH pharmacies</i> ) | Apply twice daily                             | Relief of pain, irritation and pruritis associated with haemorrhoids and pruritis ani | Anusol Ointment                    | Apply twice daily                                |
| <b>Doxazosin MR</b>                                                                       |                                               |                                                                                       |                                    |                                                  |
| Doxazosin 4mg and 8mg MR Tablets<br>( <i>not stocked in DBTH pharmacies</i> )             | 4mg daily (increased up to 8mg, if necessary) | Hypertension, BPH                                                                     | Doxazosin 1mg, 2mg and 4mg Tablets | 1-4mg daily (increased up to 16mg, if necessary) |

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