

**MARTIN LUTHER KING, JR.
OUTPATIENT CENTER (OC)
POLICY AND PROCEDURE**

DIVISION: Clinical	NUMBER: 2.121
SUBJECT: AUTOMATIC SUBSTITUTION PROTOCOL	
SECTION: Medication Management	PAGE: 1 OF: 3
REVIEWED BY: PHARMACY & THERAPEUTICS COMMITTEE, PHARMACY MANAGEMENT	EFFECTIVE DATE: 09/30/2014
TO BE PERFORMED BY: PHARMACY STAFF	REVIEWED DATE: 10/03/2014 REVISED DATE: 10/08/2014, 10/04/2016

PURPOSE

To provide guidelines for implementing the automatic substitution protocol for pharmacy.

POLICY

All automatic substitution protocols shall be approved by the Pharmacy & Therapeutics Committee prior to implementation. Once approved, pharmacy staff shall convert all applicable prescriptions to their pre-approved therapeutic replacements.

PROCEDURE

1. New Prescriptions
 - a. Pharmacists shall document the following on the original prescription, while ensuring complete therapeutic interchange of all inter-dependent products.
 - i. "Automatic substitution per P & T protocol"
 - ii. Pre-approved drug name and its therapeutic equivalent in terms of dosage and administration
 - iii. Pharmacist name, signature/initial, and date
 - b. Pharmacy technicians shall scan and input the denoted prescription into Cerner Etreby.
2. Refills
 - a. Pharmacists shall utilize the pre-approved, pre-printed prescription form(s) to document automatic substitutions to the pre-approved product. The prescription shall only reflect the number of refills remaining. The following must be filled out for validity and completion:
 - i. Patient's name, medical record number, and date of birth
 - ii. Provider name checked off or manually written next to "Other"
 - iii. Pharmacist's name, signature/initial, and date written
 - b. Pharmacy technicians shall scan and input the denoted prescription into Cerner Etreby.

NOTED AND APPROVED:

Cynthia M. Oliver, Chief Executive Officer

Date

Ellen Rothman, M.D Chief Medical Director

Date

Lessie Barber, R.N., Nursing Director

Date

Signature(s) on File.

Approved

Martin Luther King, Jr. Outpatient Center Pharmacy

Prescription Form

1670 East 120th Street, Los Angeles, CA 90059
 Phone: (424) 338-1961 / Fax: (310) 223-5997

NAME: _____

MLK #: _____

D.O.B.: _____

Medication Name	Directions	Qty	Ref
<i>Approved Automatic Substitution Protocol Per P & T Committee for One Touch Diabetic Supplies</i>			
Nova Max Glucometer			
Nova Max Test Strips			
TechLite Lancets			

<i>Theodore Friedman</i>	<i>Lic# G81765</i>	<i>Maria Nava</i>	<i>Lic# NP14731</i>	<i>Bharti Nachnani</i>	<i>Lic# A53461</i>
<i>Mayer Davidson</i>	<i>Lic# G18264</i>	<i>Dilcia Sealey</i>	<i>Lic# NP7309</i>	<i>Liberata Ramos</i>	<i>Lic# NP14782</i>
<i>Charles Fisher</i>	<i>Lic# G16541</i>	<i>Pandora McDaniel</i>	<i>Lic# NP6543</i>	<i>John Uyanne</i>	<i>Lic# A70516</i>
<i>Stanley Hsia</i>	<i>Lic# A61334</i>	<i>Ruth Areco</i>	<i>Lic# A53097</i>	<i>Merlyn Asuncion</i>	<i>Lic# A49850</i>
<i>Bartholomew Gilliam</i>	<i>Lic# PA13669</i>	<i>Allen Funnye</i>	<i>Lic# G32895</i>	<i>OTHER</i>	
<i>Christine Turner</i>	<i>Lic# PA13775</i>	<i>Brian Laing</i>	<i>Lic# A110903</i>		

Name: _____

Signature: _____

Date: _____

Approved