



POLICIES AND PROCEDURES

SUBJECT: AMBULATORY CARE THERAPEUTIC INTERCHANGE PROGRAM – NEW AND REFILL PRESCRIPTIONS

POLICY NO: 329.001

PURPOSE:

This policy outlines an Ambulatory Care Therapeutic Interchange Program to be implemented in all Department of Health Services (DHS) facilities by Los Angeles County ambulatory care pharmacists for all patients with new and refill prescriptions.

Therapeutic interchange is an accepted pharmacy and medical practice and the intent of this policy is to help ensure the continuity of care.

POLICY:

The DHS Therapeutic Interchange Program allows Los Angeles County DHS pharmacists to interchange one medication among one or more therapeutically equivalent medicines listed on an authorization form approved by the prescriber.

Therapeutic equivalence between agents shall be in accordance with established and approved written guidelines or protocols as approved by the DHS Core Pharmacy & Therapeutics (P&T) Committee.

Medications may be deemed therapeutically equivalent and suitable for a Therapeutic Interchange Program if they:

- Belong to the same generally recognized therapeutic class, and
- Exhibit similar clinical pharmacologic and safety characteristics

The ambulatory care pharmacies shall dispense the currently preferred product under the Therapeutic Interchange Program. The pharmacists shall adjust prescription directions and quantity to reflect the therapeutic intention and duration of the original patient prescription or medication order.

All therapeutic interchanges must be documented in the patient's medical record. Each facility will define their process through the local Medical Executive Committee.

APPROVED BY:

REVIEW DATES:

November 1, 2007
August 14, 2012

EFFECTIVE DATE:

August 14, 2012

SUPERSEDES:

November 1, 2007



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PROCEDURE:

I. THERAPEUTIC INTERCHANGE APPROVAL PROCESS

- A. Drugs chosen for therapeutic interchange shall be first evaluated with regard to clinical efficacy and safety by the DHS Core Pharmacy & Therapeutics Committee using scientific and clinical evidence found in the medical literature.
 - 1. Input and approval of the interchange proposal may be sought from appropriate medical staff and physician specialists (i.e. expert panels).
- B. Therapeutic Interchange programs must be approved by the following:
 - 1. DHS Core Pharmacy & Therapeutics Committee and
 - 2. Facility Medical Executive Committee.

II. THERAPEUTIC INTERCHANGE IMPLEMENTATION

- A. Therapeutic interchanges shall only be implemented after an approved Therapeutic Interchange Authorization Form is signed by the prescriber and kept on file.
 - 1. The Therapeutic Interchange Authorization Form will include the dosing parameters for the equivalent agents.
 - 2. For conversion of refills: Therapeutic interchanges for existing patients with refills must include, along with the Authorization Form, a list of patients with their medical record number. Physicians need to sign and date each page of the patient lists.
- B. Any prescribing healthcare professional may choose to decline a therapeutic interchange for a patient by writing "Do Not Substitute" on a new prescription or medication order. For refill prescriptions, prescribers may identify "Do Not Substitute" patients on the attached lists and initial.

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Health Services
LOS ANGELES COUNTY

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1. For "Do Not Substitute" patients receiving a Non-Formulary drug, a Non-Formulary Request Form should be submitted by the prescriber.
- C. At the time the patient is dispensed their newly interchanged medication, the pharmacist will consult the patient on the medication change and provide a patient education sheet containing relevant information on the interchange. The patient education sheet shall include contact information in case the patient has questions.
- D. Any interchange program may be modified by the DHS Core Pharmacy & Therapeutics Committee as necessary, based on new information or as new products become available. All requests for modification shall be communicated to and evaluated by the DHS Core P&T Committee for final approval.

REFERENCE:

AMA policy on drug formularies and therapeutic interchange in inpatient and ambulatory patient care settings. American Medical Association. Am J Hosp Pharm. 1994 Jul 15;51(14):1808-10. No abstract available. PMID: 7942911

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