



Team Name: Pharmacy and Therapeutics	Reference Number: CLI.6010.PL.016
Team Lead: Regional Director - Pharmacy	Program Area: Pharmacy and Therapeutics
Approved by: V P - Medical Services	Policy Section: General
Issue Date: May 25 2017  Review Date:  Revision Date: August 8 2018	Subject: Automatic Therapeutic Interchange

**POLICY SUBJECT:**

Automatic Therapeutic Interchange

**PURPOSE:**

To promote safe medication practices by following the automatic therapeutic interchange policy.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-2) Treatment of Clients

**POLICY:**

In drug classes where a wide variety of individual medications may be given to achieve the same clinical result, automatic substitution with a therapeutic alternative formulary agent will occur. This automatic therapeutic interchange may allow for reduced drug inventories, decreased medication costs and avoid the delays in therapy associated with non-formulary products.

**DEFINITIONS:**

***Therapeutic Interchange:*** The act of dispensing a therapeutic alternative for the drug product prescribed.

***Therapeutic Alternative:*** A drug product that contains a different therapeutic moiety than the drug in question but is of the same pharmacological or therapeutic class and can be expected to have a similar therapeutic effect when administered to patients in a therapeutically equivalent dosage.

**PROCEDURE:**

- The automatic substitution of select therapeutic classes will be governed by the Regional Pharmacy and Therapeutics approved Medication Auto Substitution List or Personal Care Home (PCH) Automatic Substitution List.
- Where appropriate patients may be offered the choice of continuing on the medication used at home if they are willing to supply their own medication.
- Where appropriate and with accompanying evidence, a physician may override the automatic substitution by writing “No Substitution” on the original order. A non-formulary request must be made. There may be a delay in obtaining non-formulary products.
- The substitution should be discussed with the patient and at the time of discharge a decision should be reached on the most appropriate discharge medication based on their individual circumstances.

**IMPORTANT POINTS TO CONSIDER:**

All automatic substitutions should be documented in the patient’s chart (usually by the pharmacist making the substitution) in the same manner as a regular order for medication. This process may vary in each facility depending on established processes.

**SUPPORTING DOCUMENTS:**

[CLI.6010.PL.016.SD.01](#)

Medication Auto Substitution List

[CLI.6010.PL.016.SD.02](#)

Personal Care Home (PCH) Automatic Substitution List

**REFERENCES:**

Eurich, D., S. Poulin, W. Semchuk and J. Taylor. 2001. Therapeutic Interchange in Canadian Hospitals: A National Survey. *Can. J. Hosp. Pharm.* 54:28-34.

Grace, K.A. et al. 2002. Implementation of a therapeutic-interchange clinic for HMG-CoA reductase inhibitors. *Am. J. Health. Syst. Pharm.* 59:1077-82.

Hilleman, D.E., R.L. Wurdeman and T.L. Lenz. 2001. Therapeutic change of HMG-CoA reductase inhibitors in patients with coronary artery disease. 21:410-415.

Taylor, A.J. et al. 2001. Lipid-lowering efficacy, safety, and costs of a large scale therapeutic statin formulary conversion program. *Pharmacotherapy.* 21:1130-9.