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| **Pharmacy****Standard Operating Procedure** | Insert organisation Title |
| **Site** | **Version** | **Date Ratified** | **Review Date** |
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| **Document number** | **Therapeutic Substitution by Clinical Pharmacists** |
| **Replacing** |  |
| **Author:** | **Name** | **Job Title** |
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| **Responsible Manager:** |  |  |
| **Ratified by:** |  |

# Introduction

There is a mandatory requirement on the Trust to publish a medicines formulary which prompts evidence based best practice in the choice and use of medicines. The Insert Trust name medicines formulary is amended ‘ad hoc’ when a new drug request is made within the Trust or within the locality, and is successful. Often that change will involve a drug used in both primary and secondary care, and therefore will follow a decision taken by the Area Prescribing Committee which covers both sectors.

Prescribers at the point of choosing which medicine to prescribe may fail to recall these policy decisions. Pharmacists may therefore be required to amend prescribed medication, to facilitate compliance with the agreed Insert trust name Formulary. Most often a prescription for one member of a therapeutic family of drugs will be amended to another member of the same family. Less often a prescription for one dosage form of a drug will be amended to another dosage form (perhaps with different drug release characteristics) of the same drug. These changes will not be clinically significant and are not intended to alter the prescriber’s general intentions. Changes should either clarify the prescription for the person responsible for administering the medication, or improve formulary compliance. They will also prevent missed doses (when a drug has been prescribed which is not the formulary choice, and therefore not purchased or stocked), and ensure that the patient receives maximum benefit from the medication as early as possible after its prescribing.

Interrupting prescribers to ask for these changes to be made is often not convenient, can be disruptive to their work, and if not able to be actioned immediately may leave the person responsible for administering the medication unable to give the medication, leaving the patient without its benefit.

The Medicines Act (1968) does not consider the issue of non-prescribing pharmacists who are called upon to amend prescriptions, and so a documented procedure is required to cover this activity locally with the Trust.

# Purpose/Objective

The document provides both ward and dispensary-based Clinical Pharmacists with a guide to appropriate therapeutic substitution after addition to an approved list **only**. Updates to this list must be approved by the Trust Drugs and Therapeutics Committee (DTC), pending the production of this framework.

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# Audience

Ward and Dispensary-based Clinical Pharmacists.

# Associated Trust Documents

Insert document number and relevant documents e.g Medicines Management Handbook

# Therapeutic Substitutions

* 1. **When permitted?** Adult patients prescribed a medicine not in line with Insert trust name formulary, where use over the relevant formulary approved medicine is of no clinical value. All substitutions will have been agreed in advance with prescribers through the Insert trust name Drug and Therapeutics Committee.
	2. **By whom?** Clinical Pharmacists where switch is deemed clinically appropriate
	3. **Drug and dose to switch:** Patients prescribed medicines on approved list (Appendix A), and only to approved drug and dose combination on approved list where stated.

## Switching procedure when on drug chart:

* + 1. The pharmacist will score through both the drug name and administration section of the prescription that is being substituted in **red** pen, and endorse ‘therapeutic substitution’
		2. The pharmacist will use photocopy-legible **red** pen to specify the replacement medicine and to sign against it in the signature box
		3. A clinician counter-signature is not required for therapeutic substitution. However, the pharmacist should endeavor to highlight the change through **a comment in clinical notes.**

## Switching procedure when on EPMA:

* + 1. The pharmacist can use the EPMA function to prescribe “on behalf of” a prescriber and

## endorse the prescription ‘therapeutic substitution’.

* + 1. A clinician counter-signature is not required for therapeutic substitution. However, the pharmacist should endeavor to highlight the change through **a comment in clinical notes.**

# Monitoring Compliance

A 5-day point prevalence audit of compliance will be carried out on a nominated week by the Principal Pharmacist for Clinical Pharmacy Services (or a nominated deputy). This audit will be carried out 6 months after initial implementation of this SOP and then annually thereafter. The aim of this audit will be to ensure therapeutic substitutions by Pharmacists are appropriate and safe and had been agreed in advance. The results and any recommended action will be fed back to the Drug and Therapeutics Committee for discussion and agreement.

# Bibliography

Oxford University Hospitals NHS Trust 2014. Medicines Information Leaflet Vol 5, No. 3. Therapeutic Substitution.

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## Appendix A: List of approved therapeutic substitutions which may be made by Clinical Pharmacists without further referral (Accurate as Insert date )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug** | **Dose/ frequency** | **Approved Substitution** | **Dose/Frequency** | **Rationale/Notes** |
| **Example therapeutic switches which offer sustainable benefits: list is not exhaustive: complete with medications and undertake correct trust medication governance procedure** |
| **Paracetamol IV injection** | Various | Paracetamol 500mg tablets, 500mg dispersible tablets or250mg/5ml liquid | Equivalent dose***Do not*** *switch the following patients without prior discussion:* | **Approved by DTC in patients without swallowing difficulties** |
|  |  |  | *if patient is not taking any other enteral medication, and**if enteral absorption may be reduced e.g. GI bleeds, bowel obstructions, severe diarrhea.* |  |
| **Cyclizine intravenous injection** | 50mg TDS prn | Cyclizine oral tablet | 50mg TDS prnEquivalent dose | **As clinically appropriate and cost saving.** |
|  |  |  | ***Do not*** *switch the following patients Without prior discussion:* |  |
|  |  |  | *if patient is not taking any other enteral medication, and**if enteral absorption may be reduced e.g. GI bleeds, bowel obstructions, severe diarrhoea* |  |
| **Nitrofurantoin** | 50mg QDS | Nitrofurantoin Modified Release | 100mg BDEquivalent dose | **Approved by ASG and in line with NICE Guidance NG109.** |
|  |  |  | ***Do not*** *switch in patient with a feeding tube or swallowing difficulties.* |  |