Name of Policy:	Therapeutic Drug Substitution	<b>~</b>
Policy Number:	3364-100-70-05	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Department:	Hospital Administration	MEDICAL CENTER
Approving Officer:	Chief Executive Officer – UTMC Chief of Staff	
Responsible Agent:	Chief Pharmacy Officer	Effective Date: 12/1/2019
Scope:	The University of Toledo Medical Center and its Medical Staff	Initial Effective Date: 6/8/1994
New polic Major revi		al revision of existing policy of existing policy

## (A) Policy Statement

A therapeutically equivalent drug may be dispensed following the development of objective interchange guidelines by the medical staff.

## (B) Purpose of Policy

To promote cost effective, rational drug therapy by controlling the number of similar medications within a given therapeutic class that will be available on the formulary.

## (C) Definition

The dispensing of a chemically dissimilar drug for another drug within the same class. Generally, the substituted drug has a pharmacological profile similar to the agent which is being substituted.

## (D) Procedure

The Medical Staff Pharmacy & Therapeutics Committee will identify potential therapeutic classes of medications which may provide opportunity for therapeutic interchange. Upon identification, experts in the area of the therapeutic classification will be charged with selecting an appropriate therapeutic class representative drug. In making this selection, the following factors should be considered: efficacy, safety and Pharmacoeconomics. Following the agent election, objective interchange guidelines will be established and will be reviewed with other members of the medical staff.

The therapeutic agent and the interchange guidelines will be created by the Pharmacy & Therapeutics Committee, and approved by the Medical Executive Committee. Publication of the substitution guidelines will occur in the "Pharm Report," to notify physicians and other health care professionals of the guidelines.

The electronic medical record will guide practitioners to the appropriate conversions assisting in appropriate conversion and reconciliation. Refer to pharmacy policy 3364-133-36 for all currently approved substitutions.

Approved by:		Review/Revision Date:
		9/11/96
		6/9/99
/s/	12/20/2019	5/8/02
	Date	5/11/05
Daniel Barbee MBA, BSN, RN, FACHE		10/22/2008
Chief Executive Officer - UTMC		5/25/2011
		5/1/2014
		5/1/2017
		10/1/2019
/s/	01/08/2020	
	Date	-
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Review/Revision Completed By:		
HAS		
Chairman, Pharmacy & Therapeutics Committee		Next Review Date: 10/1/2022
Director, Pharmacy		Next Review Date: 10/1/2022