Name of Policy:	**Therapy Management by the Pharmacist**
Policy Number:	3364-133-143
Department:	Pharmacy
Approving Officer:	Senior Hospital Administrator, Chair of P&T
Responsible Agent:	Director of Pharmacy
Scope:	University of Toledo Medical Center

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 9/29/2022
Initial Effective date: 9/29/2022

X New policy proposal	_____ Minor/technical revision of existing policy
_____ Major revision of existing policy	_____ Reaffirmation of existing policy

(A) Policy Statement

To provide a condensed guideline for pharmacist management of drug therapy to improve medication safety and collaborative practice with UTMC providers. This policy was approved by the Medical Executive Committee on September 28, 2022.

(B) Policy Purpose

Define criteria for pharmacists to add/discontinue/change drug therapy.

(C) Procedure

1. A pharmacist may adjust medication therapy in accordance with attachment A if criteria are met.

2. If any criteria are questionable or unable to be evaluated, no changes will be made by the pharmacist and recommendations, or follow-up questions will be communicated with the provider.

2. Pharmacist will place orders in the electronic medical record as a per protocol, no co-signature order under the patient's attending physician or under the physician who ordered the pharmacy consult (if applicable).

3. Pharmacist will log their activity into pharmacy intervention software and flag for follow up (as applicable).

Attachment A

Drug Type	Intervention with Order
Oral bisphosphonates	Discontinue during admission but maintain on Home Medication List.
Herbals/alternative products/probiotics (non- FDA approved products not on formulary)	Discontinue during admission but maintain on Home Medication List.
Critical Care Analgesia & Sedation orders	When patient is extubated, discontinue sedation and analgesia drips and associated prn doses from this protocol When level of sedation is modified (e.g. changing from level 1 to level 2 sedation) discontinue sedation and analgesia drips and associated prn doses from the previous protocol
Continuous Renal Replacement Therapy (CRRT)	• When patient is no longer on CRRT AND the pharmacist has confirmed it will not be restarted in the immediate future, discontinue CRRT specific medications. • When CRRT medication orders are modified, discontinue medication orders from the previous protocol. • If patient is on a heparin drip, clarify that the heparin drip is not being used for another indication (in addition to CRRT) before discontinuing & ensure appropriate VTE prophylaxis is ordered
IV infusions	Discontinue if drip has not been used for >48 hours. May discontinue current maintenance IV fluid if 1) new maintenance IV fluid is prescribed and 2) there is no documented reason for the patient to receive two maintenance IV fluids. May order a flush bag for small volume IV solutions to ensure entire volume flushes through the IV line.
Immediate Release Solid oral dosage forms with a liquid equivalent	Pharmacists may change to the liquid formulation of a medication at the equivalent dose and route if the immediate release solid oral dosage form is not stocked or cannot be dispensed in the dosage needed

Multivitamin and mineral supplements	Discontinue during admission but maintain on Home Medication List. Exceptions: 1) Nephrocaps 2) Pregnancy 3) Alcohol dependence or malnutrition 4) Iron supplements
Patients with previously placed Implantable Intrathecal Pumps or Insulin Pumps	Upon learning that a patient has an implantable intrathecal pump or insulin pump, the pharmacist will make a reasonable attempt (i.e. patient interview, provider office, pump interrogation device) obtain the following information: • Medication • Date of next refill • Name of provider who manages the pump The pharmacist will communicate this information via an entry on the MAR. Medication(s) will be designated as "patient supplied". The entry will be signed as a Standard Order.
Short-acting Muscarinic Agonists: Ipratropium	If a patient is receiving scheduled Ipratropium or scheduled albuterol/ipratropium (Duoneb) nebulization, and tiotropium (Spiriva) or another anticholinergic bronchodilator is ordered, the pharmacist will: 1) Follow approved Formulary Therapeutic Interchanges, if applicable, for ordered anticholinergic bronchodilator 2) Discontinue the ipratropium nebulization component if a patient is to continue on an anticholinergic bronchodilator such as tiotropium. 3) Ensure albuterol nebulization remains the same dose/frequency as it was originally part of the combination albuterol/ipratropium nebulization treatments.
Oral chemotherapy for cancerous indications ordered as continuation of home medication while inpatient	If not ordered by an Oncologist in the inpatient setting: 1) Pharmacist will place a consult to Hematology/Oncology physician to authorize safety and appropriateness of continuation of home medication while inpatient. 2) If no rounding Hematology/Oncology services are available, ordering provider to consult patient's outpatient prescriber of the oral antineoplastic for direction on the safety and appropriateness of continuation inpatient.
IV Levothyroxine (Synthroid)	Upon order verification for IV levothyroxine, pharmacists will automatically re-time IV levothyroxine for 120 hours (5 days) after admission or NPO order (up to 5 total days maximum without any form of levothyroxine), except patients meeting one of the below criteria would remain on IV therapy: 1. Recommendation by endocrinology to begin IV therapy 2. Myxedema coma 4. TSH > 5 mcIU/mL within past 60 days, if lab available 5. Organ procurement

Nasal steroids (budesonide, fluticasone)	Discontinue during admission but maintain on Home Medication List.
Lifestyle medications (sildenafil, flibanserin)	Discontinue during admission but maintain on Home Medication List. Exception: Indication of pulmonary arterial hypertension
Creams, ointments, lotions, and other cosmetic medications	Discontinue during admission but maintain on Home Medication List.
PRN medications ordered on admission	Discontinue during admission but maintain on Home Medication List, unless indicated for pain or anxiety or related to admission diagnosis. Examples: 1) Ondansetron, promethazine 2) Migraine therapy 3) Benadryl 4) PPI/H2RA or antacids 5) Melatonin 6) Eye drops or nasal sprays
IV to enteral therapy	Discontinue IV therapy and order enteral therapy, in accordance with policy 3364-133-84
Stress ulcer prophylaxis	Discontinue therapy and maintain on home medication list (if applicable), in accordance with policy 3364-133-102
Disease state adjustments	Adjust medication dosing or frequency, in accordance with policy 3364-133-100
Dose rounding	Adjust medication dosing within 5%, in accordance with policy 3364-133-77
Monitor medication therapy	Order labs related to medication therapy, as defined in policy 3364-133-98
Consult management	Dose, adjust, draw laboratory values and document care, in accordance with policies 3364-133-64 and 3364-133-79

Approved by:

/s/
Lindsey Eitniear PharmD, BCPS, AAHIVP — Date
Director of Pharmacy

/s/
Russell Smith Pharm D, MBA, BCPS — Date
Senior Hopsital Administrator

/s/
Zohaib Ahmed, MD — Date
Chair Pharmacy and Therapeutics Committee
Review/Revision Completed By:
Pharmacy

Review/Revision Date:

Next Review Date: 09/2025

Policies Superseded by This Policy: