

## PharMerica Therapeutic Interchange Protocol

Facility name: \_\_\_\_\_ Account Number: \_\_\_\_\_

PharMerica's Preferred Formulary is designed by physicians and pharmacists specialized in geriatric care to assure clinically appropriate and cost effective pharmaceutical care for nursing facility residents.

By execution of this Protocol by the Facility QA Committee, the following medication substitution process will be utilized by the Pharmacy when interchange target medications are prescribed.

- Each individual prescriber will submit a signed copy of the interchanges they approve.
- No substitution shall take place if the prescriber indicates in any form or fashion that substitution is not permitted.
- This Protocol shall be implemented by the Pharmacy and Facility in accordance with applicable laws.
- A copy of this Protocol shall be retained in the Pharmacy and in the Facility.
- This protocol may be revoked at any time by written notice from the Facility QA Committee.

Please send the completed facility protocol to **GlobalAuthorizations@PharMerica.com**.

*By execution below, the QA Committee, or its equivalent, accepts the Protocol as outlined above.*

\_\_\_\_\_  
Print State Licensed Pharmacist Name

\_\_\_\_\_  
State Licensed Pharmacist Signature

\_\_\_\_\_  
Print State Licensed Physician Name *or*  
Print State Licensed Physician Assistant Name *or*  
Print State Licensed Advanced Practice Nurse Name

\_\_\_\_\_  
State Licensed Physician Signature *or*  
State Licensed Physician Assistant Signature *or*  
State Licensed Advanced Practice Nurse Signature

\_\_\_\_\_  
Print Committee/Staff Member Name

\_\_\_\_\_  
Committee/Staff Member Signature

\_\_\_\_\_  
Print Committee/Staff Member Name

\_\_\_\_\_  
Committee/Staff Member Signature

\_\_\_\_\_  
Print Committee/Staff Member Name

\_\_\_\_\_  
Committee/Staff Member Signature

Facility Name: \_\_\_\_\_