Maine Medical Center
Maine Transplant Program
Pharmacy Policy

Purpose

To define the process by which pharmacy services are provided to living donors and transplant patients during the evaluation, surgical, and follow up phases of transplantation or donation.

Policy

1. All potential transplant recipients and living donors being presented to the multidisciplinary team (Transplant Candidate Review-TCR) for patient selection will be evaluated by a transplant pharmacist either by patient interview (telephone or in person), record review and/or participation in the transplant and donor selection committee. Candidates in evaluation and being presented to TCR will have had a pharmacologic evaluation in the previous 12 months.

2. All transplant recipients and living donors will have their pharmacy needs evaluated during their hospital stay (assessment and care planning) Any recommendations for discharge will be included in the patient medical record.

3. The Transplant pharmacy specialist is available to post transplant patients to provide medication education and assess the patients’ adherence to their medication regimen. In addition the transplant pharmacist is available on a consultative basis to the outpatient transplant clinic. The following triggers may be used for the clinic staff to prompt consultation with the transplant pharmacist:
   - Change in immunosuppressive drug therapy
   - Complicated medication regimens
   - Patients with high likelihood of drug-drug interactions
   - Patients with treatment related adverse effects
   - Patients who are non adherent to their medication regimens

4. Documentation of the inpatient pharmacy evaluation will reside in the patient record and documentation of outpatient evaluation will reside in the electronic medical record at the clinic.

5. Cross coverage will be provided by the pharmacy department when the transplant dedicated transplant clinical pharmacy specialist is unavailable.

6. The pharmacologic services can also be performed by a PGY-1 pharmacy resident under the supervision of a transplant pharmacy specialist.
7. Pharmacy Services may include (although are not necessarily limited to) the following:

- Participating in inpatient care rounds as part of the multidisciplinary team and assist the transplant team with the design, implementation, and monitoring of medication regimens
- Participating in TCR (Transplant Candidate Review) and QAPI (Quality Assurance and Performance Improvement) committee
- Discussing medication order clarifications with the prescriber and documentation of any changes in patient and pharmacy records and informing others of medication order changes
- Approving computerized physician medication orders
- Monitoring of drug therapy to evaluate appropriateness of use, dose, dosage form, regimen, route, therapeutic duplication and drug interactions
- Providing medication education to newly transplanted patients.
- Providing medication education to living donors in terms of which medications to avoid (i.e. NSAIDs).
- Providing pharmacokinetic consultations as required
- Preventing, detecting, monitoring, documenting, and reporting adverse drug reactions and medications errors
- Participating in the drug therapy management of medical emergencies
- Promoting the use of the formulary by converting non-formulary orders to formulary when possible, and also coordinating procurement of non-formulary drugs when necessary
- Maintaining and updating a patient profile with demographics, diagnosis, allergies, and current medications both in inpatient and outpatient setting
- Reconciling home medications for admitted patients
- Counseling patients on discharge medications as necessary
- Facilitating discharge planning and smooth transition to alternate site of care or the outpatient pharmacy
- Precepting and mentoring pharmacy practice residents on transplantation rotation
- Providing staff development support to nurses and physicians
- Assessing adherence to the immunosuppressive regimen in post transplant period in the outpatient setting

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