



CLINICAL POLICY

Pharmacist Medication Reconciliation for Patients on Antiretrovirals

A. EFFECTIVE DATE:

October 19, 2021

B. PURPOSE:

Proper antiretroviral medication selection, dose, administration interval, and maximal patient adherence with antiretrovirals are all essential to achieve maximal sustained reductions in HIV viral loads and to improve overall patient outcomes.

C. POLICY:

1. Pharmacists shall assist in obtaining an accurate home medication list and perform medication reconciliation upon admission, and when possible upon discharge, for all patients who are receiving antiretroviral therapy for the treatment of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS).
2. Documentation of pharmacist verification will be recorded in the electronic health record (EHR).

D. SCOPE:

All inpatient hospital units

E. DEFINITIONS:

1. **HAART** is highly active antiretroviral therapy, a form of drug treatment for HIV infection.

F. MATERIAL(S) NEEDED:

None

G. PROCEDURE:

Upon Admission:

1. Upon initial verification the pharmacist will perform a complete home medication history. If critical duties or obstacles occur that limit the process described below, the pharmacist will assign the process to the next covering pharmacist. The pharmacist may ask for the assistance of a medication history technician.
 - a. If the patient is admitted from home, consult the patient directly to review their current home medication list.
 - b. If the prescription fill history is not available in the EHR, call the patient's pharmacy, primary provider or caregiver to verify the home medication list.
 - c. Discuss any medication discrepancies between the home medication list and the current inpatient medication orders with the inpatient covering provider(s) and nurse(s) and work to develop a plan for corrections. The outpatient covering provider(s) may also be contacted for any discrepancies as deemed necessary by the pharmacist.

- d. Ask the covering inpatient provider(s) to consider ordering an Infectious Disease Consult if discrepancies or changes are noted.
- e. If needed, update the home medication list in the EHR based on the information gathered. A notification will be given to the covering inpatient provider(s) that the home medication list has been updated.
- f. Document the steps taken and the information gathered on an intervention.
- g. Communicate via pharmacist report and handoff in the EHR that verification steps have been done.

During Admission:

1. The unit pharmacist will review daily any changes of clinical status and/or antiretroviral therapy including drug interactions during admission.
2. Documentation of review should be recorded on an intervention.

At Discharge:

1. Upon discharge, if other duties allow, the unit pharmacist will perform discharge medication reconciliation by the following steps:
 - a. Review the discharge medication list with provider(s) and nurse(s) to ensure accuracy.
 - b. Discuss any changes that may need to be updated on the discharge medication list with the provider(s). The provider(s) will be responsible to update the discharge medication list.
 - c. Review the discharge medication list with the patient and conduct medication education.
 - d. Documentation of review should be recorded in an intervention.

H. ATTACHMENTS:

None

I. REFERENCES:

None

J. SEARCH WORDS:

HAART, ARV, Medication Reconciliation

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

Antimicrobial Stewardship Committee 4/21/21

N. FINAL APPROVALS:

- | | |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u>
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UConn Health Chief Executive Officer | <u>07/21/2021</u>
Date |
| 2. <u>Anne D. Horbatuck, (Signed)</u>
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Clinical Policy Committee Co-Chair | <u>07/21/2021</u>
Date |
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Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>07/14/2021</u>
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| 4. <u>Caryl Ryan (Signed)</u>
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Interim Chief Operating Officer, JDH
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Date |

O. REVISION HISTORY:

Date Issued: 1/13/13

Date Revised: 11/28/18, 11/6/2019

Date Reviewed: 12/29/14, 3/5/15, 1/16/17, 11/6/19, 10/19/21