HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care and Treatment of Patient
Medication Administration

POLICY # TX II-1

SUBJECT: Drug Formulary

EFFECTIVE DATE: April 2012
SUPERCEDES DATE: April 2009

References

Related ACA Standards **4th Edition Standards for Adult Correctional Institutions 4-4378**

PURPOSE

To provide guidelines for ordering non-formulary drugs and requesting additions/deletions to the formulary.

POLICY

The North Carolina Department of Correction (DOC)/ Division of Prisons (DOP) drug formulary is a continually revised list of medications which are readily available from the pharmacy for use within the prison system. The Pharmacy and Therapeutics (P & T) Committee establishes the drug formulary and consists of an interdisciplinary team of nurses, physicians, physician expenders, a pharmacist and a risk manager

The goal of the formulary is to ensure high quality drugs are available for any disease states likely to be treated in the correctional system. The formulary is closed, which means a limited number of agents are available for treatment. Formulary drugs are selected by objective evidence in the scientific literature which supports the superiority of these agents over other similar drugs.

Orders for non-formulary items require prior authorization for use through an established utilization review (UR) process.

The formulary applies to all clinicians and pharmacies within the Division of Prisons.

PROCEDURE

I. Use of Non-Formulary Drugs for New Admissions into the Correctional Facility

A. Inmates may be admitted into the DOC system on non-formulary drugs. The non-formulary drugs shall be maintained for new admissions based upon the following guidelines:

1. An inmate who enters a diagnostic center with non-formulary drugs in his/her possession may continue therapy on the drug until evaluated by DOC/DOP approved prescriber and converted to an appropriate formulary alternative. If the inmate must remain on a non-formulary agent, the prescriber shall submit a utilization review (UR) request for approval to use the non-formulary agent. Inmates can retain and use drugs which were in their possession upon admission only after the drugs have been reviewed, identified, and approved by the appropriate medical authority. A valid order must exist for the administration of the drug. Liquids can not be retained by the inmate since a liquid formulation can not be positively identified.
2. An inmate who enters a diagnostic center with current orders for non-formulary drugs but does not have the non-formulary drug in his possession can obtain, with a valid order, a fourteen (14) days supply from a DOP Pharmacy. A three to four day supply can be obtained from a local pharmacy until the remainder of the supply can be obtained from a DOP Pharmacy. This provision applies only to drugs used to treat chronic diseases or sustain life. Examples include, but are not limited to, drugs used to treat hypertension, diabetes, asthma, COPD, cardiovascular problems, seizures, mental health, and HIV/AIDS.

B. Requests for Non-formulary Drugs

Clinicians shall communicate requests of non-formulary drugs for inmates on a Consult/Referral Form (DC 767). The requests are entered into the Offender Population Unified System (OPUS) at the facility level and are sent electronically to the Utilization Review Section of Health Services. The requests are referred to as Utilization Review Requests (URs). The requests for J3490 (unclassified drugs) are then queued to the Apex Central Pharmacy Clinical Pharmacist Specialist or designee. Requests are entered as Emergent, Urgent, Rush, or Routine, with specific time frames for action assigned to each category. In addition to the name of the drug, the request must provide a justification for using the non-formulary agent instead of a formulary agent and/or relate the therapy failures of the formulary agents.

Using the information supplied by the provider the clinical pharmacist or designee will research and evaluate other factors, including but not limited to, medical history, medication history, disease state, lab values, allergies, and potential drug interactions. Written communication via email or fax and/or verbal communication with the medical staff at the requesting facility may be necessary in order to obtain progress notes, consult notes, and/or other information necessary for determining the best drug for use in treatment. The clinical pharmacist or designee must then assess the information to determine if (1) a therapeutically equivalent drug is available on the formulary, (2) a more cost effective drug therapy is available, (3) the drug therapy is appropriate, and (4) the dose and duration of therapy are appropriate for the disease state. The clinical pharmacist or designee can approve the request; but only the Deputy Medical Director or designee can deny the request. All requests for non-formulary mental health drugs are pended to the Director of Mental Health or designee for evaluation, approval, or denial.

Clinicians and medical staff at the facilities are notified electronically through OPUS of the approval or denial of non-formulary drug requests.

The requesting clinician may appeal the decision to deny a request to the Deputy Medical Director or designee or to the Director of Mental Health or designee. The appeal must be submitted electronically with additional information ~~to~~ which supports the original request for the non-formulary drug.

A one (1) year automatic stop order shall be applied to all approved non-formulary requests unless otherwise specified in the UR process. The expiration date of the UR can be found on the HS15 screen in OPUS. After the expiration date of the initial UR approval, another Utilization Review Request must be submitted in order to continue therapy and must be accompanied by a re-evaluation of the need for therapy by the clinician.

II. Requests for addition/deletion to formulary

A. Prescribing clinicians may request that a medication be considered for formulary inclusion. The Pharmacy and Therapeutics (P&T) Committee will review these requests. Requests for additions/deletions should be made via telephone or e-mail to the pharmacist designee who manages the formulary. The clinical pharmacist or designee may request additional supporting information from the clinician~~.~~

B. To appeal a denial of the addition of a drug to the formulary, the prescribing clinician shall contact the Deputy Medical director or designee via telephone or e-mail.

III. Drug Purchases from Local Pharmacies

Drug purchases made from local pharmacies will be monitored by DOP Health Services, DOC Internal Auditors, and/or the DOC Controller's office. The monitoring of local purchases shall focus on the appropriateness of therapy, use of the Starter Dose system, compliance with the formulary and policy, the pattern of circumventing the utilization review process, and cost.

IV. Drug Formulary Update

The drug formulary is continually revised and updated based on the recommendations/decisions of the Pharmacy and Therapeutics (P & T) Committee. ~~(~~Changes to the drug formulary shall be communicated to each Division of Prisons facility by facsimile, e-mail, paper copies, and/or electronically. The drug formulary is located on the Health Services Intranet page under Nursing Services.

4/23/12

Paula Y. Smith, MD, Chief of Health Services Date

SOR: Director of Pharmacy