HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Department of Public Safety Prison	SECTION: Care and Treatment of Patient Medication Administration
	POLICY # TX II-1
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SUBJECT: Drug Formulary and Pharmacy and Therapeutics Committee	EFFECTIVE DATE: February 2017 SUPERCEDES DATE: April 2012

References

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

PURPOSE

To provide guidelines for Utilization Review (UR) submission and requesting additions/deletions/revisions to the formulary.

To identify the composition and function of the Pharmacy and Therapeutics (P&T) Committee.

POLICY

The North Carolina Department of Public Safety (DPS) Prison drug formulary is a continually revised list of medications which is readily available from the pharmacy for use within the prison system. The goal of the formulary is to ensure high quality drugs are available for any disease states likely to be treated in the DPS Prisons.. Formulary drugs are selected by objective evidence in the scientific literature which supports the superiority of these agents over other similar drugs. The formulary is closed, which means a limited number of agents are available for treatment. Orders for non-formulary items require prior authorization for use through an established utilization review (UR) process. The formulary applies to all providers and pharmacies within the DPS Prisons.

The P & T Committee conducts internal reviews to improve and assure the quality of drug therapy by continually revising and updating the formulary and promulgating guidelines for treatment and drug therapy. The P & T Committee meets at least quarterly.

The membership of the P & T Committee consists of the following health care providers and support staff:

1. Chief of Health Services
2. Deputy Medical Director/Director of the Utilization Review Section
3. Director of Mental Health
4. Medical Directors from Central Prison Healthcare Complex and North Carolina Correctional Institution for Women Medical Director/Designees.
5. One Clinical Pharmacist or Clinical Pharmacist Specialist
6. Director of Nursing
7. Risk Manager/Standards Director
8. The Chief of Health Services will appoint other providers to the committee as needed to accomplish the work of the committee.

PROCEDURE

I. Utilization Review Requests for Non-formulary Drugs

A. Non-formulary drugs in HERO shall be identified in RED followed by a message box to alert providers to complete a UR submission. Providers shall communicate requests of non-formulary drugs for offenders by completing a Pharmacy Consult in HERO. The consultation request shall indicate the level of priority, provisional diagnosis, reason for request, medication name, strength, directions and any other clinical justification to support the request to use a non-formulary medication. For continuity of care purposes

only, a non-formulary medication can be written for a maximum of 14 days. However, this is not for initiating routine or non-formulary, non-emergency medications without appropriate prior approval. The requests are entered into the Offender Population Unified System (OPUS) at the facility level within 24 business hours 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 unclassified drugs (CPT Code J3490) 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.

B. 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, fax, HERO follow-up, 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 /designee can defer the request. All requests for non-formulary mental health drugs are pended to the Director of Mental Health /designee for evaluation, approval, or deferral.

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

D. The requesting provider may appeal a deferred UR request to the Deputy Medical Director /designee or to the Director of Mental Health/designee. The appeal must be submitted electronically with additional information to which supports the original request for the non-formulary drug.

E. 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 provider.

II. Responsibilities of the P & T Committee

A. Formulary Addition/Deletion - Providers may request via telephone or e-mail to the clinical pharmacist designee who manages the formulary that a medication be considered for formulary inclusion/exclusion. The Pharmacy and Therapeutics (P&T) Committee will review these requests. The clinical pharmacist /designee may request additional supporting information from the provider.

B. Deferred Requests - To appeal a deferred request for addition of a drug to the formulary, the requesting provider shall contact the Deputy Medical Director /designee via telephone or e-mail.

C. Restriction for use of drug entities, including specialists allowed to prescribe the drug; diagnoses for use; conditions for use such as therapy failures, second line therapy, etc.; maximum/minimum doses; and duration of use with or without prior approval.

D. Policy and Procedure development and compliance including clinical guidelines

E. Drug utilization review

F. Drug use evaluation

G. Adverse drug reaction reporting

H. Education in drug use

I. Trends in purchasing and costs of drugs

III. 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 DPS 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.

2/21/2017

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

SOR: Director of Pharmacy

Form Location

Maintained at Warehouse

DC-767 Consultation/Referral