Title	Formulary and Pharmacy and Therapeutics Committee			
Section	TX II-1	Issue Date August 9, 2021	Supersedes Date February 2017	

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-43(M); Health and Wellness Policy and Procedure AD III-7 Utilization Management; North Carolina General Assembly Session 2017 Law 2018-142 House Bill 1108

I. PURPOSE

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

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

II. POLICY

(a) The North Carolina Department of Public Safety (NCDPS) Prisons Health and Wellness Formulary is a continually revised list of devices which is readily available from the pharmacy for use within the prison system.

(b) The Formulary is closed, which means a limited number of drugs and devices are available for treatment options.

(c) Formulary drugs and devices shall be identified by black lettering in the Electronic Healthcare Record (EHR).

(d) Some formulary drugs and devices have restrictions for use noted in the EHR which require providers to obtain UR approval.

(e) Orders for non-formulary drugs and devices require prior authorization for use through an established utilization review (UR) process.

(f) The Formulary applies to all providers and pharmacies.

(g) The Formulary is continually revised and updated based on the recommendations/decisions of the Pharmacy and Therapeutics (P&T) Committee.

(h) Changes to the Formulary shall be communicated in writing to Prisons facility by the P&T Memo titled Formulary Changes.

(i) The Formulary is located on the Health and Wellness Intranet page under Pharmacy.

II. PROCEDURE

(a) Utilization Review Requests for non-formulary Drugs and Devices:

(1) Non-formulary drugs and devices in the Electronic Healthcare Record (EHR) shall be identified by red lettering followed by a message box to alert providers to complete the UR submission.

(2) Providers shall communicate requests of non-formulary drugs and devices for patients by completing a UR request in the patient's health care record.

(3) The UR request shall indicate the level of priority, provisional diagnosis, reason for request, device name or drug name, strength, directions, formulary therapy failures and any other clinical justification to support the request.

(4) For continuity of care purposes, a non-formulary drug or device can be written for 14 days for new processors and CPHC Inpatient admissions.

(A) However, this is not for initiating routine or non-formulary, non-emergency medications without appropriate prior approval.

(B) The requests are entered into the Offender Population Unified System (OPUS) at the facility within 24 business hours and are sent electronically to the Utilization Review Section of Health and Wellness.

(5) The requests for non-formulary drugs and devices are then queued to the Apex Central Pharmacy designee.

(A) Requests are entered as Emergent, Urgent, Rush, or Routine, with specific time frames for action assigned to each category per Health and Wellness Policy, AD III – 7, Utilization Management.

(B) Residents at Black Mountain Treatment Center and DART Center receive non-formulary drugs and devices for their entire length of stay, and UR submission and approval is not required.

(b) Using the information supplied by the provider, the Central Pharmacy Clinical Pharmacist designee shall research and evaluate other factors, including but not limited to, medical history, medication history, disease state, lab values, allergies, and potential drug interactions.

(1) Written communication via email, fax, EHR follow-up, and/or verbal communication with the Health and Wellness 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 or device for use in treatment.

(2) The Central Pharmacy clinical pharmacist designee must then assess the information to determine if:

(A) A therapeutically equivalent drug or device is available on the Formulary,
or
(B) A more cost-effective drug therapy or device is available,
or
(C) The drug therapy or device is appropriate, and

(D) The dose and duration of therapy are appropriate for the disease state.

(E) Any recommendations from the Central Pharmacy clinical pharmacist shall be communicated in writing if further provider evaluation is required for the use of Formulary alternatives.

(F) The Central Pharmacy clinical pharmacist/designee can approve the request; but only the Deputy Medical Director/designee can defer the request.

(3) Requests for non-formulary mental health drugs and medical drugs prescribed by a mental health provider are pended to the Chief of Psychiatry/designee for evaluation, approval, or deferral.

(4) Health and Wellness staff at the facilities are notified electronically through OPUS of the approval or deferral of non-formulary drug and device requests.

(5) The requesting provider may appeal a deferred UR request to the Deputy Medical Director/designee or to the Director of Mental Health Chief of Psychiatry/designee. The appeal shall be submitted electronically with additional information to which supports the original request for the non-formulary drug or device.

(6) A one (1) year automatic stop order shall be applied to all approved non-formulary requests unless otherwise specified in the UR process.

(A) The expiration date of the UR can be found on the HS15 screen in OPUS.

(B) Prior to the expiration date of the initial UR approval with a priority level commensurate with the upcoming expiration date, another Utilization Review Request shall be submitted in order to continue therapy and shall be accompanied by a re-evaluation of the need for therapy by the provider.

III. PHARMACY AND THERAPEUTICS COMMITTEE (P&T)

(a) The P&T Committee conducts internal reviews to improve and assure the quality of drug therapy and devices by continually revising and updating the Formulary and providing guidelines for treatment and drug therapy.

(b) The P&T Committee meets quarterly.

(c) The membership of the P&T Committee consists of the following health and wellness staff:

(1) Medical Director.

(2) Deputy Medical Director.

(3) Utilization Review Physician.

(4) Chief of Psychiatry.

(5) Regional Medical Directors.

(6) Medical Directors from Central Prison Healthcare Complex (CPHC) and North Carolina Correctional Institution for Women (NCCIW) or their designees.

(7) Clinical Services Pharmacist Supervisor.

(8) Central Pharmacy Clinical Pharmacist.

(9) CPHC Pharmacist Supervisor.

(10) Director of Nursing.

(11) Director of Quality Assurance or designee.

(12) CPHC Chief Executive Officer.

(13) The Medical Director will appoint other providers to the committee as needed to accomplish the work of the committee.

(d) Responsibilities of the P&T Committee:

(1) Formulary Addition/Deletion may be requested by providers via e-mail to the Central Pharmacy clinical pharmacist designee who manages the Formulary that a drug or device be considered for formulary inclusion/exclusion.

(A) The Pharmacy and Therapeutics (P&T) Committee shall review these requests.

(B) The Central Pharmacy clinical pharmacist designee may request additional supporting information from the provider.

(2) The requesting provider may appeal a deferred request of a drug or device to the Formulary by contacting the Deputy Medical Director/designee via e-mail with additional information which supports the original request for addition to the Formulary. The request shall be presented at a future P&T Committee meeting.

(3) Establish parameters for limited scope of use for certain drug or device entities, including restrictions which allow only Specialists to prescribe**;** 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.

(4) Drug utilization review.

(5) Drug use evaluation.

(6) Adverse drug reaction reporting.

(7) Education in drug use.

(8) Trends in purchasing and costs of drugs.

(9) Establish and publish the Mandatory Medications Administered by Direct Observation Therapy (DOT).

(10) Publish the Formulary.

August 9, 2021

Todd E. Ishee — Date
Commissioner of Prisons