

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.80.05 (E)	Page 1 of 5
	Original Effective Date: 11/07/05, 09/01/04	New Effective Date: 10/06/17
	Supersedes: 500.80.05	Dated: 09/21/16
	Administrator's Approval: Jim Schwochert, Administrator	
	Required Posting or Restricted: <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Formulary – Approved Medications for Use (EMR)		

POLICY

Advanced Care Providers shall utilize the approved medication formulary when prescribing medications for inmate patients in the Division of Adult Institutions. Medications prescribed that are not preferred shall be evaluated for therapeutic substitution and, if necessary, require prior authorization.

REFERENCES

Standards for Health Services in Prison, National Commission on Correctional Health Care, 2014, Pharmaceuticals P-D-01 and Medication Services, P-D-02

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

CPS – Central Pharmacy Service

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3765 – Clinical Pharmacist Therapeutic Substitution Agreement

HSU – Health Services Unit

P&T Committee – Pharmacy and Therapeutics Committee

Prior Authorization (Class II and Class III) – Process by which Prescribing Practitioners may request medications that are not included in the standard medication formulary.

WRC – Wisconsin Resource Center

EMR – Electronic Medical Records

PROCEDURES**I. Development of the Formulary**

- A. The approved formulary shall be developed and updated at least quarterly by the P&T Committee and maintained on the DOC intranet site.

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1. Approved formulary items shall indicate the preferred status where such designations are assigned.
 2. A therapeutic substitution protocol shall be created for each therapeutic category where therapeutic substitution is allowed.
- B. Requests for additions and deletions to the formulary shall be submitted to the P&T Committee for review.
1. The P&T Committee evaluates the appropriateness of the request, and makes decisions regarding additions, deletions and updates to the formulary as indicated.
 2. The formulary shall be reviewed and updated in its entirety at least annually by the Pharmacy Director/designee.
 3. Assigned P&T Committee members shall actively participate on the P&T Committee when requested or assigned to do so. The Formulary shall be available on the DOC intranet site in the following format:
 - a. Medication category.
 - b. Medication name.
 - c. Formulary index by medication category.
 - d. Compact formulary.
- II. Use of the Preferred Formulary Medications by Licensed Prescribers**
- A. The Medical, Dental, and Mental Health Directors shall provide orientation and training for ACPs related to the use and function of the medication formulary.
- B. ACPs shall utilize a preferred formulary medication when writing prescriptions.
- C. The ACP shall allow therapeutic substitution, when appropriate, on any order written for a non-preferred product, regardless of formulary status, where a therapeutic substitution protocol exists.
- D. The ACP may exclude any order from therapeutic substitution by designating the order as “Do not substitute” or similar language.
- E. A copy of the current Compact Formulary shall be included with the off-site paperwork when inmate patients are sent off-site so that it can be used by off-site providers as a reference.
- F. Non-formulary medications, including OTCs, not eligible for therapeutic substitution shall have a prior-authorization submitted to the appropriate director. The prior authorization request may be submitted as follows:
 1. Class III – Non-urgent.
 2. Class II – Urgent, in which CPS will dispense immediately up to a 30-day supply to the inmate patient.

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3. The ACP shall be notified of approvals and denials by the appropriate Director. If a denial of a Class II request is received by the pharmacy from the appropriate Director prior to dispensing the medication, it will not be dispensed.

III. Therapeutic Substitution

- A. A signed DOC-3765 – Clinical Pharmacist Therapeutic Substitution Agreement shall be on file for each clinical pharmacist.
- B. Therapeutic substitution shall be allowed only where a therapeutic substitution protocol exists.
 1. Protocols shall be established using data obtained from clinical trials or peer reviewed literature.
 2. See formulary for appendices.
- C. A CQI of quarterly randomized sampling of clinical outcomes shall be performed by pharmacy in collaboration with ACPs to measure therapeutic efficacy.
- D. The ACP shall be notified for each occurrence where therapeutic substitution was initiated.
- E. The inmate patient shall be informed when therapeutic substitution occurs.
- F. The inmate patient shall receive educational information regarding the therapeutic substitute. Education shall be documented.

IV. Non-Formulary Medications Upon Intake, Readmission From an Inpatient Hospital Stay or WRC

- A. Inmate patients arriving at a DOC intake center may continue non-formulary medications for up to 60 days post admission without approval.
 1. ACPs shall indicate “intake orders” on any orders sent to CPS to ensure timely processing.
 2. CPS pharmacists shall dispense any non-formulary medication orders within the first 60 days of incarceration provided “intake orders” is noted on the order.
- B. Inmate patients returning from an inpatient hospital stay may continue any non-formulary medications started at the hospital for up to 60 days without approval.
- C. WRC
 1. Inmate patients returning from WRC may continue any non-formulary psychotropic medication indefinitely without approval.
 2. Non-psychotropic, non-formulary medications are subject to normal formulary restrictions.

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D. Inmate patients arriving for short term ATR may continue non-formulary medications without approval.

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
James Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility:		
Original Effective Date:	DAI Policy Number:	Page 5 of 5
New Effective Date:	Supersedes:	Dated:
Chapter: 500 Health Services		
Subject: Formulary – Approved Medications for Use (EMR)		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other