

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.80.05	<b>Page</b> 1 of 6
	<b>Original Effective Date:</b> 11/07/05, 09/01/04	<b>New Effective Date:</b> 09/21/16
	<b>Supersedes:</b> 500.80.05	<b>Dated:</b> 08/14/13
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Formulary – Approved Medications for Use		

**POLICY**

Advanced Care Providers shall utilize the approved drug formulary when prescribing medications for inmate patients in the Division of Adult Institutions. Drugs 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-3023 – Prescriber's Orders

DOC-3482 – Non-Formulary Drug Request (Other Than Psychotropics)

DOC-3482A – Psychotropic Medication Request

DOC-3482B – Quetiapine and Olanzapine Request

DOC-3482C – ADHD Medication Request

DOC-3482D – Benzodiazepine Request

DOC-3760 – HSU Notification of CPS Initiated Drug Therapeutic Interchange

DOC-3765 – Clinical Pharmacist Therapeutic Substitution Agreement

HSU – Health Services Unit

P&T Committee – Pharmacy and Therapeutics Committee

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

WRC – Wisconsin Resource Center

## **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.
  - 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. Drug category.
    - b. Drug name.
    - c. Formulary index by drug 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 drug formulary.
- B. ACPs shall utilize a preferred formulary drug 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.

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- F. Non-formulary medications not eligible for therapeutic substitution shall have a written request for prior authorization using the appropriate form in the DOC-3482 series. This request shall be 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. The HSU shall immediately scan or fax a copy of the DOC-3023 – Prescriber’s Orders to CPS and request that CPS dispense the drug.
  3. If a denial of a Class II request is received by the pharmacy from the appropriate Director prior to dispensing the drug, it will not be dispensed and the ACP shall be notified.
- G. The appropriate form in the DOC-3482 series shall be submitted for non-formulary drugs obtained from a local pharmacy or off-site provider.

### **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 using DOC-3760, Page 3 – Prescriber Notification of CPS Initiated Drug Therapeutic Interchange.
- E. The HSU shall be notified for each occurrence where therapeutic substitution was initiated using DOC-3760 – HSU Notification of CPS Initiated Drug Therapeutic Interchange.
- F. The inmate patient shall be informed that therapeutic substitution shall occur when appropriate.
- G. The inmate patient shall receive appropriate educational information regarding the therapeutic alternative.

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

- A. Inmate patients arriving at a DOC intake center may continue non-formulary drugs for up to 60 days post admission without an approved DOC-3482 series form.
  - 1. ACPs shall indicate “intake orders” on any orders sent to CPS to ensure timely processing.
  - 2. CPS pharmacists shall dispense any non-formulary drug 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 drugs started at the hospital for up to 60 days without an approved DOC-3482 series form.
  - 1. Inmate patients returning from WRC may continue any non-formulary psychotropic medication indefinitely without an approved DOC-3482 series form.
  - 2. Non-psychotropic, non-formulary medications are subject to normal formulary restrictions.

#### **V. Conversion Medications: Delegated Standard Orders**

- A. The Medical Director or Mental Health Director shall document in the form of a memo any standard medication conversion orders.
  
- B. A standard order form shall be developed in the DOC-3023 series for each conversion.
  
- C. Inmate patients entering intake facilities on identified medications shall be screened at the initial nursing intake and evaluated for medication conversion.
  
- D. This process will not be used for short term admissions including Alternative to Revocations.
  
- E. If appropriate per assessment, standard orders for the conversion, any ancillary orders needed, and an order for further evaluation shall be written.
  
- F. An information sheet describing the conversion shall be given and explained to the inmate patient.
  
- G. If the assessment reveals the inmate patient is not appropriate for conversion, an order shall be written for the originally prescribed medication.

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**VI. Monitoring Prescribing Practices and Use of the Formulary**

- A. The Medical, Dental and Mental Health Directors shall monitor the prescribing patterns of their ACPs to ensure compliance with the policy.
  
- B. ACPs shall be provided with documentation outlining their prescribing practices for review at least annually.

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

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.80.05	<b>Page</b> 6 of 6
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Formulary – Approved Medications for Use		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**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